

**CARE AND RECOVERY CENTER (CRC) APPLICATION**  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)  
(Updated February 27, 2025)

**Background**

Pursuant to recommendations made to Governor Gretchen Whitmer by her appointed Nursing Home COVID-19 Preparedness Task Force, the Michigan Department of Health and Human Services (MDHHS) will engage eligible Medicaid-certified nursing facilities (NF) to establish Care and Recovery Centers (CRCs). The purpose of CRCs is to provide care for individuals with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions. CRCs operate when hospitals need to discharge residents to manage bed availability and provide an alternative for NFs that do not have the capacity to safely care for residents. NFs that operate a CRC have the physical plant capacity to designate a distinct area for COVID-19 isolation, can dedicate staff to the CRC, and meet other established standards.

**Application**

Nursing Facilities that meet Minimum Participation Criteria may apply for consideration as a CRC in their designated Emergency Preparedness Region. New applications received from nursing facilities located in Region 5 will receive immediate consideration for CRC designation. Applications received for Regions 1, 2N, 2S, 3, 6, 7 and 8 will be retained for future consideration.

Interested facilities should complete the attached application (digital signatures acceptable) and return to [MDHHS-CareAndRecoveryCenters@michigan.gov](mailto:MDHHS-CareAndRecoveryCenters@michigan.gov). Questions about completing the application may be submitted to [MDHHS-CareAndRecoveryCenters@michigan.gov](mailto:MDHHS-CareAndRecoveryCenters@michigan.gov).

**Minimum Participation Criteria**

Nursing Facilities will be considered for CRC designation if the following conditions exist:

- The NF has a rating of 3 or higher in either the overall rating or the staffing category of the Centers for Medicare & Medicaid Services' (CMS) Nursing Facility Compare Five-Star Rating.
- The NF is not operating under a Denial of Payment for New Admissions (DPNA) restriction.
- The NF is not designated by CMS in Nursing Facility Compare as a Red Hand Facility, indicating a citation for abuse.
- The NF must have an Infection Prevention Champion(s) with documentation of completed CMS training (<https://qsep.cms.gov/COVID-Training-Instructions.aspx>)

## **CARE AND RECOVERY CENTER APPLICATION CHECK LIST**

The Michigan Department of Health and Human Services (MDHHS) advises the use of this checklist to ensure all required documents necessary for submission of a complete Care and Recovery Center (CRC) application are received. The use of CRC checklist is optional, however failure to submit all necessary documents will result in application review and processing delay.

### **Section 5: CRC Floor Plan**

- Proposed CRC floor plan
  - Does the proposed CRC floor plan clearly identify?
    - Designated donning/doffing area
    - CRC employee break room
    - CRC employee entrance(s)
    - CRC employee restroom(s)
    - CRC wing/unit/building nursing station
    - CRC wing/unit/building medication room
    - CRC wing/unit/building storage facilities
    - CRC wing/unit/building clean linen room/area
    - CRC wing/unit/building soiled linen room/area
    - The room number for each resident room
    - The total bed-capacity for each resident room

### **Section 7: Infection Prevention and Control**

- Infection Preventionist – [CDC Infection Preventionist certification](#)
- Infection Prevention Champion – [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff certification](#)

### **Section 9: Testing**

- Copy of screening procedure
- Example of screening form

### **Section 10: Communication (optional but recommended)**

- Hospital communication policy
  - Communication plan/policy with other nursing facilities
  - Communication plan for resident(s), family and legal representative
  - Staff communication plan/policy
  - Virtual visitation communication plan/policy
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- Signature, Title/Position, and Dated provided

Submission of the CRC application checklist with the application is not required.

Once the application and all required documentation are complete, forward to [MDHHS-CareAndRecoveryCenters@michigan.gov](mailto:MDHHS-CareAndRecoveryCenters@michigan.gov)

**CARE AND RECOVERY CENTER (CRC) APPLICATION**  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

<b>Section 1: Applicant</b>		
NPI #:	CCN #:	
Facility Name:		
Address:	City:	
<b>Section 2: Applicant Contact Information</b>		
Name:		
Primary Number:	E-Address:	
<b>Section 3: Attestations</b>		
The facility has a rating of 3 or higher in either the overall rating or the staffing category of the CMS Nursing Home Compare Five-Star Rating.	YES	NO
The facility is not operating under a Denial of Payment for New Admissions (DPNA) restriction.	YES	NO
The facility is not designated by CMS in Nursing Facility Compare as a Red Hand Facility, indicating a citation for abuse.	YES	NO
<b>Section 4: CRC Administrative Support</b>		
NHA Name:	E-mail Address:	
Primary Number:	Mobile Number:	
Nursing Home Administrator (NHA):	Years as NHA in this home	Years as an NHA in any home
NHA is permanent	YES	NO (interim)
Director of Nursing (DON):	Years as DON in this home	Years as a DON in any home
DON is permanent	YES	NO (interim)
<b>Section 5: CRC Floor Plan</b>		
CRC applicants must submit a copy of their floor plan for the entire nursing facility. A separate floor plan is required for multiple wings, units, or buildings. If possible, an enlarged floor plan for the proposed CRC area with the information requested below added to it is desired and will make the review process faster and easier.		
The submitted floor plan must be readable and clearly identify the designated CRC area (i.e., wing, unit, separate building). The floor plan must clearly identify areas to be used by CRC staff including, but not limited to break rooms, entrances, and restrooms. The floor plan must clearly identify all resident rooms, corresponding room number(s), and bed-capacity per room.		
CRC designated wing(s)/unit(s)/separate building(s) (location description/name):		
The proposed designated area will be a:      wing      unit      separate building		
Number of CRC designated bedrooms on wing(s)/unit(s)/separate building(s):		
The designated area will have a separate staff entry.	YES	NO
Upon entry, is there designated space for donning and doffing PPE?	YES	NO

The CRC staff will have a designated break area and restroom(s).	YES	NO
Is the CRC designated wing/unit/building adjacent or connected to any space? If yes, provide details:	YES	NO
<b>CRC Resident Rooms</b>		
Number of designated CRC rooms per floor plan:		
Number of CRC private rooms:                      Number of CRC semi-private rooms:		
Indicate the number of CRC rooms by occupancy. 1-Person:              2-Person:              3-Person:              4-Person:		
Indicate the <u>total</u> number of beds in the CRC area per floor plan:		
<b>CRC Care Areas</b>		
Does the CRC wing/unit/building have separate nursing station(s)? No. of Separate Nursing Stations:	YES	NO
Does the CRC wing/unit/building have separate medication room(s)?	YES	NO
Does the CRC wing/unit/building have separate storage facilities?	YES	NO
Does the CRC wing/unit/building have a separate clean linen room?	YES	NO
Does the CRC wing/unit/building have a separate soiled linen room?	YES	NO
Does the CRC wing/unit/building have a separate staff break room?	YES	NO
<b>Section 6: CRC Staffing</b>		
Describe in detail how the facility will implement plans to have consistent dedicated staff for the CRC designated area. Dedicated staff means that the staff in the CRC area only work within that area and do not work in other areas of the nursing facility or at other nursing facilities.		
Describe in detail the CRC staffing plan based upon appropriate nursing and Certified Nurse Aide (CNA) ratio for the proposed bed-capacity.		
Describe in detail the facility's return to work strategy for employees.		

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Describe in detail the facility's plan for emergency staffing resources (e.g., agency staff).

The facility has a qualified healthcare professional designated as the Infection Preventionist (IP)? <i>Documentation of completed CDC training required.</i>	YES	NO
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Is the IP at the facility full-time?	YES	NO
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Is the employment status and role as facility's IP specific to:	One facility	Multiple facilities
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If the IP's role involves multiple facilities, provide details:

**Section 7: Infection Prevention and Control**

The facility ensures all staff are trained in infection prevention and control procedures, including but not limited to specialized training for housekeeping, dietary, and laundry service personnel.	YES	NO
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The facility has policy and procedures to ensure staff compliance with infection prevention and control procedures.	YES	NO
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The facility has a plan to continuously secure and maintain adequate supply of hand sanitizer and Personal Protective Equipment (PPE).	YES	NO
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Detail the plan to secure and maintain adequate hand sanitizer and PPE.		
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The facility has identified qualified clinical staff to serve as the CRCs Infection Prevention Champion(s). <i>Documentation of completed CMS training required.</i>	YES	NO
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**Section 8: Testing**

The facility requires weekly testing of facility staff. If no, provide details:	YES	NO
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The facility has a three-month history of testing for residents and staff, including the testing dates and results.	YES	NO
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The facility has resident and staff screening procedures. <i>A copy of the screening procedure and an example of the screening form required.</i>	YES	NO
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**Section 9: Communication**

Describe in detail the current and future communication plan with referring hospitals (may attach written policy, if available).

Describe in detail the communication plan with other nursing facilities (may attach written policy, if available).

Describe in detail the COVID-19 communication plan with residents, families, and legal representatives. (may attach written policy, if available).

Describe in detail the COVID-19 communication plan with staff (may attach written policy, if available).

Describe in detail the facility's use of virtual visitation for residents to communicate with family and friends (may attach written policy, if available). Include the number of communication devices available for specifically for CRC resident use.

Describe in detail strengths your facility would offer as a CRC that have not been described in the application such as how the Medical Director, NHA, DON and social worker will provide tailored oversight and support to meet the needs of CRC residents?

I understand failure to provide the above information accurately and completely may result in denial of my application. I understand that my application will be subject to a complete desk review by Michigan's Department of Health and Human Services (MDHHS) and Licensing and Regulatory Agency (LARA).

MDHHS retains discretionary rights to consider additional criteria, request additional information, and the right to approve or deny Care and Recovery Center applications. Applying entities are not entitled to appeal rights but may submit supplemental information during the review process if requested by MDHHS.

Signature of Applicant: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_