APPLICATION FOR DESIGNATION AS A FREESTANDING REHABILITATION FACILITY

Michigan Department of Insurance and Financial Services
Office of Appeals, Legal Research, and Market Regulation
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I. CONTACT INFORMATION

Acute Care Hospital Name:		
Facility ID:		
Acute Care Hospital Address (Street):		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	Email Address:

II. PROGRAM INFORMATION

Please attach a document to this form setting forth the following:

- An overview of the hospital's services;
- A description of the specialized and demonstrated rehabilitation medicine services in the hospital including an organizational chart and the number of staff with such expertise;
- A description of the hospital's sophisticated technology and specialized facilities;
- A description of the hospital's participation in rehabilitation research and clinical education;
- A description of the hospital's program for assisting patients to achieve excellent rehabilitation outcomes;
- A description of the hospital's program for coordinating necessary post-discharge services;
- Verification that the hospital is accredited by one or more third-party, independent organizations focused on quality;
- Verification that the hospital serves the rehabilitation needs of catastrophically injured patients in this state;
- Verification that the hospital was in existence on May 1, 2019; and
- Verification acknowledging that the hospital is a freestanding rehabilitation facility as designated by The Centers for Medicare & Medicaid Services (CMS).

III. AUTHORIZED SIGNATURE

By signing this form, I understand that I will respond to the Department's inquiries regarding the contents of this form and the required attached document. I certify that the information included on this form is correct and complete to the best of my knowledge and that I have attached a document setting forth the required components of a freestanding rehabilitation facility under MCL 500.3157(4)(b) and set forth above.

I further understand that submitting false information may subject me to penalties as provided by law.

Authorized Signature:	Title:	Date: