

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF NEED REVIEW STANDARDS FOR PARTIAL HOSPITALIZATION PSYCHIATRIC PROGRAM SERVICES

(By authority conferred on the Certificate of Need Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and Sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being Sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws).

Section 1. Applicability

Sec. 1. (1) These standards are requirements for the approval and delivery of services for all projects approved and Certificates of Need issued under Part 222 of the Code which involve partial hospitalization psychiatric program services.

(2) The initiation, replacement, or expansion of a partial hospitalization psychiatric program service is a covered clinical service for purposes of Part 222 of the Code.

(3) The Department shall use Section 3, as applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws.

(4) The Department shall use Sections 4 and 5, as applicable, in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

(5)(a) These standards shall apply to the review of all Certificate of Need applications for partial hospitalization psychiatric program services for which the Director of the Department of Public Health has not made a final decision under Section 22231(6), being Section 333.22231(6) of the Michigan Compiled Laws, as of the effective date of these standards.

(b) In the case of an application which has been deemed submitted, but which has not received a final decision by the Director on the effective date of these standards, the applicant may request and the Department shall grant, an extension of up to 60 days to the Director's decision date established under Section 22231(6), being Section 333.22231(6) of the Michigan Compiled Laws. This period shall be used for the submission and review of any information which may be necessary to show compliance with these standards. The Department shall consider this information before a final decision is made.

(c) If a final decision reverses a proposed decision approving the project, the administrative hearing provisions of Section 22231(8), being Section 333.22231(8) of the Michigan Compiled Laws, shall apply. If the proposed decision was a denial and an administrative hearing has been held, the Director shall permit a rehearing or continuation of the hearing in order to consider information submitted under this subsection, and shall consider the results of that hearing before a final decision is made.

Section 2. Definitions

Sec. 2. (1) For purposes of these standards:

(a) "Adult" means any individual aged 18 years or older.

(b) "Alternative treatment order" means an order effected pursuant to the provisions of MCLA 330.1469.

(c) "Available treatment positions" means the number of treatment positions multiplied by the number of regularly scheduled days of operation.

(d) "Child/adolescent" means any individual less than 18 years of age.

(e) "Certificate of Need Commission" or "CON Commission" or "Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(f) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(g) "Community mental health board" or "board" or "CMH" means the board of a county(s) community mental health board as defined in Section 200(b) of Act 258 of the Public Acts of 1974, as amended, being Section 330.1200(b) of the Michigan Compiled Laws.

(h) "Department" means the state agency known as the Michigan Department of Public Health.

(i) "Expansion of a partial hospitalization psychiatric program service" means an increase in the number of adult or child/adolescent treatment positions at an existing adult or child/adolescent partial hospitalization psychiatric program service, as applicable.

(j) "Individual plan of service" or "IPS" means a written plan which identifies the specific individualized mental health services and ancillary needs of a client and summarizes the treatment goals, with measurable objectives, methodologies, expected outcomes, and time frames for specified service periods derived from a comprehensive interdisciplinary assessment.

(k) "Initiation of a partial hospitalization psychiatric program service" means the establishment of a child/adolescent or adult program with a specified number of treatment positions at a site at which child/adolescent or adult partial hospitalization psychiatric program services are not currently offered.

(l) "Involuntary commitment status" means a hospital admission effected pursuant to the provisions of MCLA 330.1423 through MCLA 330.1444.

(m) "Licensed site" means either:

(i) in the case of a single site hospital, the location of the facility authorized by license and listed on that licensee's certificate of licensure; or

(ii) in the case of a hospital with multiple sites, the location of each separate and distinct inpatient unit of the health facility as authorized by license and listed on that licensee's certificate of licensure.

(n) "Managed care contract", for purposes of these standards, means a contract between the applicant and a managed care organization representing a subscriber or group of subscribers to provide, when medically indicated, adult or child/adolescent partial hospitalization psychiatric program services, as described in and pursuant to the terms of the contract.

(o) "Managed care organization" means any organization that provides, pays for, or recommends health services for its members or subscribers.

(p) "Medicaid" means the program for medical assistance administered by the Department of Social Services under the Social Welfare Act, Act. No. 280 of the Public Acts of 1939, being Sections 400.1 to 400.119b of the Michigan Compiled Laws.

(q) "Mental Health Code" means Act 258 of the Public Acts of 1974, as amended, being Sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

(r) "Mental health professional" means a person who is trained and experienced in the areas of mental illness or mental retardation and who is any 1 of the following:

(i) a physician who is licensed to practice allopathic medicine or osteopathic medicine in Michigan and who has had substantial experience with mentally ill, mentally retarded, or developmentally disabled clients for 1 year immediately preceding his or her involvement with a client under administrative rules promulgated pursuant to the Mental Health Code;

(ii) a psychologist;

(iii) a certified social worker;

(iv) a registered nurse;

(v) a professional person, other than those defined in the administrative rules promulgated pursuant to the Mental Health Code, who is designated by the Director of the Department of Mental Health or a director of a facility operated by the Department of Mental Health in written policies and procedures. This mental health professional shall have a degree in his or her profession and shall be recognized by his or her respective professional association as being trained and experienced in the field of mental health. The term does not include non-clinical staff, such as clerical, fiscal or administrative personnel.

(s) "Mental health service" means a service that is directed to the areas of mental illness, mental retardation, developmental disability, other organic brain or other neurological impairment or disease, alcoholism, or substance abuse pursuant to Section 208 of the Mental Health Code.

- (t) "Michigan Department of Mental Health" or "MDMH" or "DMH" means the state agency known as the Department of Mental Health.
- (u) "Offer" means to provide partial hospital psychiatric program services to patients.
- (v) "Partial hospitalization psychiatric program services" or "partial hospitalization" or "program" means a non-residential mental health treatment program which:
- (i) is operated and clients are regularly scheduled to be treated for a minimum of six consecutive hours during any 24 hour period for a minimum of 5 days per week;
 - (ii) includes psychiatric, psychological, social, occupational and therapeutic recreational elements, all of which are under psychiatric supervision; and
 - (iii) provides services to clients who are diagnosed mentally or emotionally ill and who are at risk of psychiatric inpatient hospitalization, or who might otherwise remain hospitalized on an inpatient basis in the absence of such a program, due to: subacute homicidal or suicidal behavior; acute psychosis; acute phases of major affective disorders; or the need for supervised diagnostic tests, observations, or supervised administration of medication when extended observation is necessary.
- (w) "Partial hospitalization occupancy" means the actual number of treatment positions which are provided, divided by the total number of available treatment positions.
- (x) "Physician" means an individual licensed under Article 15 of the Code to engage in the practice of medicine or osteopathic medicine and surgery.
- (y) "Psychiatric hospital" means a health facility licensed under the Mental Health Code as defined in R330.1201.
- (z) "Psychiatrist" means a physician who devotes a substantial portion of his/her time to the practice of psychiatry and who has practiced psychiatry for 1 year immediately preceding certification by him/her of any individual under the Mental Health Code, as defined by R330.1001(1)(l).
- (aa) "Psychiatric unit" means a unit licensed under the Mental Health Code as defined in R330.1201.
- (bb) "Psychologist" means, except in Part 4 of the administrative rules for the Michigan Department of Mental Health, which is subject to the definition in Section 400 of the Mental Health Code, a person who is granted a full or limited license to practice psychology under Part 182 of Act No. 368 of the Public Acts of 1978, as amended, being Section 333.18201 et seq. of the Michigan Compiled Laws.
- (cc) "Public patient" means an individual approved for mental health services by a community mental health service board or an individual who is admitted as a patient under Section 423, 429, or 438 of the Mental Health Code, Act No. 258 of the Public Acts of 1974, being Sections 330.1423, 330.1429, and 330.1438 of the Michigan Compiled Laws.
- (dd) "Registered professional nurse" or "R.N." means an individual licensed under Article 15 of the Code, being Sections 333.17201, et seq. of the Michigan Compiled Laws, to engage in the practice of nursing which scope of practice includes teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.
- (ee) "Replacement of a partial hospitalization psychiatric program service" means development of a new site at another geographic location and/or new space (additional square footage), whether through new construction or purchase/lease, to house an existing partial hospitalization psychiatric program service.
- (ff) "Social worker" or "certified social worker" or "social work technician" means a person who is so certified pursuant to Act 352 of the Public Acts of 1972, as amended, being Section 338.1751 et seq. of the Michigan Compiled Laws.
- (gg) "Tapered schedule of care" means that a client may be served by the program less than the 5 days per week, 6 hours per day as set forth in Section 4 (1)(c)(vii) during the 2 weeks immediately prior to the client's discharge from the program, if such a tapered schedule of care is set forth in the client's individual plan of service in order to facilitate the client's successful discharge from the program.
- (hh) "Treatment position" means the unit of measure of client capacity of a partial hospitalization psychiatric program service. At a minimum, a treatment position represents 6 hours per day, 5 days per calendar week.

(2) The terms defined in the Code have the same meanings when used in these standards.

Section 3. Requirements for approval for all applicants

Sec. 3. (1) An applicant proposing the initiation, replacement, or expansion of a child/adolescent or adult partial hospitalization psychiatric program service shall demonstrate each of the following:

(a) The Michigan Department of Mental Health, pursuant to Section 134 of the Mental Health Code being Section 330.1134 of the Michigan Compiled Laws, recommends approval of the proposed project.

The MDMH recommendation shall be in writing and based on all of the following, as applicable:

- (i) the applicant's compliance with all applicable CON review standards;
- (ii) the recommendation of the local Certificate of Need review agency, if any, if the recommendation is received in accordance with the time lines set forth in the Certificate of Need administrative rules; and
- (iii) the written recommendation from the CMH board that serves the county in which the proposed program will be located. If the applicant is a CMH board, the DMH recommendation shall not be based on that CMH board's recommendation.

(b)(i) The program will be owned and operated by a psychiatric hospital or unit; or

(ii) if the program will not be owned and operated by a psychiatric hospital or unit, the application is proposed jointly by the partial hospitalization psychiatric program service and a psychiatric hospital or unit.

(c) The program shall provide a range of services to its clients similar to that offered by the applicant's psychiatric hospital or unit including the provision of any specialized services appropriate to populations served by the psychiatric inpatient unit. For example, an inpatient unit which serves adults may propose to offer an adult program, but not a child/adolescent program.

(d) An applicant for either an adult or child/adolescent program shall propose a minimum capacity of 15 adult or child/adolescent treatment positions, as applicable.

(e) The program's physical plant space shall be adequate to meet the needs of its clients and provide for a minimum of 40 gross square feet per client dedicated to the program's group, social/recreational, occupational therapies, and dining areas.

(f) The program must be a separate, identifiable entity, administratively and programmatically distinct from the psychiatric inpatient unit of the hospital.

(g) The proposed number of treatment positions will not result in a number of adult or child/adolescent treatment positions, as applicable, that is more than 1.5 times the number of licensed and/or CON approved but not yet licensed adult or child/adolescent psychiatric beds, as applicable, operated by the applicant. If the number of treatment positions that results from multiplying the number of beds by 1.5 is not a whole number, the maximum number of treatment positions shall be rounded up to the next whole number. The number of beds to be used in calculating the maximum number of treatment positions that can be approved shall be the greater of either:

(i) the number of beds licensed at the licensed site as of January 1992 and shown in Appendix A, or

(ii) the number of beds licensed and/or CON approved but not yet licensed on the date an application is submitted to the Department.

In determining the existing number of treatment positions, the applicant shall include treatment positions operated or approved to operate by the applicant.

(h) If a proposed partial hospitalization psychiatric program service will not be located on the same site as a psychiatric hospital or unit, the travel time between the applicant psychiatric hospital or unit and the program site, shall not exceed 30 minutes driving time. Driving time, for purposes of these standards, means the driving time in minutes as identified in the Michigan Department of Transportation Statewide Proximity Analysis. If there is no adult or child/adolescent psychiatric hospital or unit, as applicable, within 30 minutes driving time of the program site, the application must be jointly proposed by the program and the nearest adult or child/adolescent psychiatric hospital or unit, as applicable, in order to be in compliance with this subsection.

(i) Not less than 50% of the proposed partial hospitalization treatment positions shall be allocated for use by the public patient.

(j) The applicant has, at the time the application is deemed submitted, a signed letter of agreement, with DMH or the CMH board which serves the county in which the program will be located, to

enter into a contract with the CMH board or DMH to meet the needs of the public patient when the proposed treatment positions become operational. At a minimum, the letter of agreement shall specify the number of treatment positions to be allocated for use by the public patient and the applicant's intention to serve patients with an involuntary commitment status or being admitted under an alternative treatment order.

(k) If the program will not be owned and operated by a psychiatric hospital or unit, the applicant shall demonstrate that there is a written contract between the partial hospitalization psychiatric program service and the applicant psychiatric hospital or unit that addresses at least the following:

- (i) the immediate transfer and admission of patients in need of inpatient services;
- (ii) communication between the partial hospitalization psychiatric program service and the applicant psychiatric hospital or unit;
- (iii) the transfer of appropriate medical records; and
- (iv) the applicant psychiatric hospital or unit and the program have a similar treatment philosophy.

(2) An applicant proposing to increase the number of treatment positions of an existing adult or child/adolescent program, as applicable, shall demonstrate a partial hospitalization occupancy rate of at least 90% during the most recent 12 month period or annualized 6 month period of continuous operation. An exception to this requirement will be made if the applicant can demonstrate the proposed increase in treatment position capacity is in direct response to a managed care contract.

Section 4. Project delivery requirements - terms of approval for all applicants

Sec. 4. (1) An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of certificate of need approval:

(a) Compliance with these standards.
(b) Compliance with applicable operating standards in the Mental Health Code or the administrative rules promulgated thereunder.

(c) Compliance with the following applicable quality assurance standards:

(i) The applicant shall establish procedures to care for patients who are disruptive, combative, or suicidal and for those awaiting commitment hearings, and the applicant shall establish a procedure for obtaining physician certification necessary to seek an order for involuntary treatment for those persons that, in the judgment of the professional staff, meet the Mental Health Code criteria for involuntary treatment.

(ii) The applicant shall participate in a data collection network established and administered by the Department or DMH. The data may include, but is not limited to: annual budget and cost information; operating schedules; and demographic, diagnostic, morbidity and mortality information; as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data on a separate basis for each licensed site; in a format established by the Department or DMH; and in a mutually agreed upon media. The Department or DMH may elect to verify the data through on-site review of appropriate records.

(iii) The applicant shall provide the Department with a notice within 10 days after the initiation of the services stating the first date on which the approved services were initiated.

(iv) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:
(A) not deny mental health services to any individual based on ability to pay, source of payment, age, race, handicap, national origin, religion, gender, sexual orientation or commitment status;

(B) provide mental health services to any individual based on clinical indications of need for the services;

(C) maintain information by payor and non-paying sources to indicate the volume of care from each source provided annually.

Compliance with selective contracting requirements shall not be construed as a violation of this term.

(v) An applicant required to enter into a contract with a CMH(s) or DMH pursuant to these standards shall have in place, at the time the approved services become operational, a signed contract to serve the public patient. The contract must address a single entry and exit system including discharge

planning for each public patient. The contract shall specify that, at least 50% of the approved treatment positions shall be allocated to the public patient, and shall specify the hospital's willingness to admit patients under an alternative treatment order or patients with an involuntary commitment status. The contract need not be funded.

(vi) The applicant must demonstrate that a 20% reduction in the number of inpatient psychiatric days of care did occur within the first 12 months following initiation of the program, unless the applicant is able to demonstrate, to the satisfaction of the Department of Mental Health, reasons why this requirement was not met. Factors which may affect compliance with this requirement could include changes in area population demographics, reductions in area psychiatric services availability, and/or agreements with managed health care organizations and/or CMH which affect utilization. Following the first 12 months of operation, the initial 20% reduction in inpatient days of care must be maintained unless the number of inpatient beds is increased.

(vii) The program will be operational and clients will be served for a minimum of five days per week and a minimum of six consecutive hours per day/night, except where an individual plan of service establishes a need for a tapered schedule of care, as long as the requirements of subsection (ix) are met.

(viii) When the program is not operational, arrangements must be made for the availability of crisis response services for its clients.

(ix) The average length of stay for clients served by the adult partial hospitalization psychiatric program service shall not exceed thirty treatment position days in any eight calendar week period. The average length of stay for clients served by the child/adolescent partial hospitalization psychiatric program service shall not exceed 60 treatment position days in any 16 calendar week period.

(x) The program shall participate in the federal Medicare and Medicaid programs.

(xi) The program shall have a written agreement with one or more community mental health boards and other agencies to assure that clients receive treatment and rehabilitation services, including emergency psychiatric and medical, outpatient, educational and vocational services.

(xii) The program must operate in compliance with the rights of recipients and residents of mental health services as set forth in sections of the Mental Health Code, Act 258 of the Public Acts of 1974, as amended, being Section 330.1700, et seq. of the Michigan Compiled Laws.

(xiii) The program shall develop and have in place policies for admission of clients who are court committed under alternative treatment orders.

(xiv) The program must have in place policies and procedures for ensuring participation in the commitment process for involuntary hospitalization for clients requiring such care.

(xv) The program shall either provide each client with one meal or an opportunity to eat one meal brought to the program during each six hours of program operation.

(xvi) The program must operate in compliance with the following staffing requirements:

(A) if the program director is not a psychiatrist, there must be a medical director as a separate staff position who is a psychiatrist and is responsible for the provision of medical and psychiatric services;

(B) the core staff responsible for developing the IPS of:

(i) an adult program must include, at a minimum, a psychiatrist, a registered nurse, and a mental health professional who is not a registered nurse, each of whom must have been involved in the delivery of mental health services for at least 1 year within the previous 5 years; or

(ii) a child/adolescent program must include, at a minimum, a child and adolescent psychiatrist, a registered nurse, and a mental health professional who is not a registered nurse, each of whom must have been involved in the delivery of mental health services for at least 2 years within the previous 5 years;

(C) the program must maintain a staff/client ratio of 1.0 full-time equivalent mental health professional for each six clients, unless the applicant is able to demonstrate, to the satisfaction of the Department of Mental Health, reasons why this requirement could not be met. In calculating the staff/client ratio, all clinical staff time devoted exclusively to the program, including that of the clinical director/supervisor and medical staff, may be included; and

(D) each physician treating patients at the program must demonstrate that he/she obtains and maintains staff privileges at the applicant psychiatric hospital or unit prior to treating program patients.

(xvii) Psychiatrists involved in client treatment must be present in the program no less than one hour per client every seven days, and more often based on the clinical needs of the clients.

(xviii) Clients shall be admitted to the program under the order of an adult or child/adolescent psychiatrist, as applicable, who has staff privileges at the applicant psychiatric hospital or unit prior to treating program patients.

(xix) The program must have, in place, policies regarding documentation of client assessment and treatment plans, as follows:

(A) the program must arrange for client psychiatric evaluations to be completed within the first day of the program's regular schedule of operation following admission to the program;

(B) for each client, a report of a physical examination performed in the thirty days for adults and 7 days for children/adolescents prior to admission to the program shall be present in the record;

(C) for each client, a treatment plan shall be formulated by a team of at least three mental health professionals representative of three different professions relevant to the client's individual needs, one of which must be a psychiatrist involved in that client's treatment;

(D) whenever possible, the interdisciplinary treatment plan formulation shall include input from the client, family members and significant others (with written consent of the client);

(E) an initial individual plan of service, which also addresses discharge planning, shall be developed within the first day of the program's regular schedule of operation following admission;

(F) an individual plan of service shall be developed within five calendar days of admission and be reviewed and revised no less frequently than every five calendar days of treatment thereafter; and

(G) all programs shall develop policies and procedures which ensure medication review of each client's medication regimen by a psychiatrist involved in client treatment as often as clinically indicated.

(xx) The program shall serve only those clients in need of services offered by a partial hospitalization psychiatric program service as defined by these standards.

(xxi) The program shall develop and have in place policies for admission of clients who are court committed under alternatives to inpatient hospitalization.

(xxii) The partial hospitalization psychiatric program services shall be operated by mental health professionals qualified by training and experience to operate a partial hospitalization psychiatric program service safely and effectively. For purposes of evaluating subsection (xxii), the Department shall consider it *prima facie* evidence of a satisfactory assurance mechanism as to the operation of a partial hospitalization psychiatric program service, if: the applicant requires that admissions to the adult program are made by and operation of the adult program is directed by a psychiatrist who is board certified or board qualified in psychiatry and/or neurology; or for a child/adolescent program, a psychiatrist who is board certified or eligible in child and adult psychiatry. However, the applicant may submit and the Department may accept other evidence that the applicant has established a mechanism to assure that the program is appropriately and adequately staffed as to admission to and operation of the program.

(xxiii) The applicant shall have in place standards which assure that clients are provided quality services. These must include at a minimum standards addressing quality assurance, utilization review, the appropriate training and education of staff, and documented policies and procedures for the administration of the services offered by the hospital. For purposes of evaluating subsection (xxiii) the Department shall consider it *prima facie* evidence of meeting this term of approval if the applicant hospital is accredited by the Joint Commission on the Accreditation of Health Care Organizations or the American Osteopathic Hospital Association. However, the applicant may submit and the Department may accept other evidence that the hospital has satisfied this term of approval.

(xxiv) The program shall have in place written policies, procedures and agreements which address, at a minimum, the items in Section 3(1)(k)(i) through (iv).

(xxv) The applicant shall operate the program consistent with the requirements for the contract required under Section 3(1)(k).

(2) Compliance with Section 4 shall be determined by the Department of Mental Health based on a report submitted to the Department of Mental Health by the program and/or other information available to the Department of Mental Health. If the Department of Mental Health concludes that the program is not in

compliance with Section 4, it shall notify the Department of Public Health of that fact, the reasons therefore, and the action recommended to be taken.

(3) The agreements and assurances required by Section 4 shall be in the form of a certification authorized by the governing body of the applicant or its authorized agent.

Section 5. Project delivery requirements - Additional terms of approval for child/adolescent partial hospitalization psychiatric program services

Sec. 5. (1) In addition to the provisions of Section 4, as applicable, an applicant for a child/adolescent partial hospitalization psychiatric program service shall agree to operate the program in compliance with the following terms of Certificate of Need approval, as applicable:

(a) There shall be at least the following child and adolescent mental health professionals employed, either directly or by contract, by the hospital or program, each of whom must have been involved in the delivery of child/adolescent mental health services for at least 2 years within the most recent 5 years:

- (i) a child and adolescent psychiatrist;
- (ii) a child psychologist;
- (iii) a psychiatric nurse;
- (iv) a psychiatric social worker;
- (v) an occupational therapist or recreational therapist; and
- (vi) a special education teacher (certified with emotionally impaired).

(b) There shall be a recipient rights officer employed by the hospital or the program.

(c) The applicant shall identify a staff member(s) whose assigned responsibilities include discharge planning and liaison activities with the home school district(s).

(d) There shall be the following minimum staff employed either on a full time basis or on a consulting basis:

- (i) a pediatrician;
- (ii) a child neurologist;
- (iii) a neuropsychologist;
- (iv) a speech and language therapist;
- (v) an audiologist; and
- (vi) a dietician.

(e) The child/adolescent partial program shall develop and maintain a coordinated relationship with the home school district of any patient to ensure that all public education requirements are met.

(f) The applicant shall demonstrate that the child/adolescent partial hospitalization psychiatric program service is integrated within the continuum of mental health services available by establishing a formal agreement with the community mental health board serving the county in which the child/adolescent partial program is located. The agreement shall address admission and discharge planning issues which include, at a minimum, specific procedures for referrals for appropriate community services and for the exchange of information with the community mental health board(s), the probate court(s), the home school district, the Michigan Department of Social Services, the parent(s) or legal guardian(s) and/or the patient's attending physician.

(2) Compliance with Section 5 shall be determined by the Department of Mental Health based on a report submitted to the Department of Mental Health by the program and/or other information available to the Department of Mental Health. If the Department of Mental Health concludes that the program is not in compliance with Section 5, it shall notify the Department of Public Health of that fact, the reasons therefore, and the action recommended to be taken.

(3) The agreements and assurances required by Section 5 shall be in the form of a certification authorized by the governing body of the applicant or its authorized agent.

Section 6. Effect on prior Certificate of Need Review Standards; comparative reviews

Sec. 6. (1) These Certificate of Need review standards supersede and replace the Certificate of Need Review Standards for Psychiatric Beds and Services, approved by the Certificate of Need Commission, and effective on September 29, 1993.

(2) Projects involving partial hospitalization psychiatric program services reviewed under these standards shall not be subject to comparative review.

APPENDIX A**NUMBER OF PSYCHIATRIC BEDS LICENSED AS OF JANUARY 1992**

<u>FACILITY NAME</u>	<u>CITY</u>	<u>COUNTY</u>	NUMBER OF LICENSED BEDS		
			<u>CHILD/ADOL</u>	<u>ADULT</u>	<u>TOTAL</u>
Allegan Gen	Allegan	Allegan	0	9	9
Alpena Gen	Alpena	Alpena	0	26	26
Annapolis	Westland	Wayne	0	96	96
Ardmore Acres	Livonia	Wayne	25	25	50
Aurora (2 sites)	Detroit	Wayne	60	80	140
Battle Creek Adv	Battle Creek	Calhoun	49	31	80
Bay Area MC	Menominee	Menominee	0	16	16
Bay Med Ctr	Bay City	Bay	0	28	28
Wm. Beaumont	Royal Oak	Oakland	0	60	60
Bon Secours	Grosse Pte	Wayne	14	0	14
Borgess Med Ctr	Kalamazoo	Kalamazoo	10	44	54
Botsford	Farm. Hills	Oakland	0	25	25
Carlyle Ctr	Warren	Macomb	36	90	126
Carson City	Carson City	Montcalm	0	16	16
Central MI	Mt. Pleasant	Isabella	19	14	33
Chelsea	Chelsea	Washtenaw	0	22	22
Comm Branch	Coldwater	Branch	0	20	20
Cottage	Grosse Pte	Wayne	0	36	36
Crittenton	Rochester	Oakland	0	20	20
Detroit Osteo	Detroit	Wayne	0	49	49
Det Receiving	Detroit	Wayne	0	35	35
Det Riverview	Detroit	Wayne	0	40	40
Emma Bixby	Adrian	Lenawee	0	23	23

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<u>FACILITY NAME</u>	<u>CITY</u>	<u>COUNTY</u>	<u>CHILD/ADOL</u>	<u>ADULT</u>	<u>TOTAL</u>
Foote	Jackson	Jackson	16	40	56
Forestview	Grand Rapids	Kent	22	40	62
Gerber	Fremont	Newaygo	0	16	16
Gratiot Comm	Alma	Gratiot	0	12	12
Gr. Detroit HMC	Detroit	Wayne	0	63	63
Hackley	Muskegon	Muskegon	0	48	48
Harbor Oaks	New Baltimore	Macomb	24	40	64
Harper	Detroit	Wayne	0	54	54
Havenwyck	Auburn Hills	Oakland	65	55	120
Healthsource	Saginaw	Saginaw	14	27	41
Heritage	Taylor	Wayne	0	70	70
Herrick	Tecumseh	Lenawee	10	20	30
Holland	Holland	Ottawa	0	20	20
Holy Cross	Detroit	Wayne	0	48	48
Hurley	Flint	Genesee	16	93	109
Kent Comm	Grand Rapids	Kent	0	50	50
Kingswood	Ferndale	Oakland	66	34	100
Lake View	Paw Paw	Van Buren	0	15	15
Lapeer Reg	Lapeer	Lapeer	0	20	20
Macomb Hosp Ctr	Warren	Macomb	0	28	28
Madison Comm	Madison Hgts	Oakland	0	31	31
Marquette Gen	Marquette	Marquette	18	62	80
McLaren	Flint	Genesee	20	48	68
MCMC-Greenlawn	Lansing	Ingham	0	9	9

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<u>FACILITY NAME</u>	<u>CITY</u>	<u>COUNTY</u>	<u>CHILD/ADOL</u>	<u>ADULT</u>	<u>TOTAL</u>
MCMC-Penn	Lansing	Ingham	0	26	26
Memorial HC	Owosso	Shiawassee	0	30	30
Meml Med Ctr	Ludington	Mason	0	14	14
Mercy	Cadillac	Wexford	0	20	20
Mercy	Detroit	Wayne	10	39	49
Mercy Meml	Monroe	Monroe	0	22	22
Mercy Meml	St. Joseph	Berrien	0	30	30
Mercywood	Ann Arbor	Washtenaw	12	118	130
Michigan HC	Detroit	Wayne	0	116	116
MidMichigan RMC	Midland	Midland	0	20	20
Montgomery	Westland	Wayne	0	60	60
Munson	Traverse City	Gr Traverse	0	14	14
New Center	Detroit	Wayne	0	22	22
North Oakland MC	Pontiac	Oakland	0	30	30
Northern MI	Petoskey	Emmet	0	14	14
Oakland Gen	Madison Hgts	Oakland	0	26	26
Oaklawn	Marshall	Calhoun	0	17	17
Oakwood	Dearborn	Wayne	0	27	27
Pine Rest Christ	Grand Rapids	Kent	62	56	118
Port Huron	Port Huron	St. Clair	0	43	43
Providence	Southfield	Oakland	0	28	28
Rivendell	St. Johns	Clinton	63	0	63
Riverside	Trenton	Wayne	0	20	20
Saginaw Gen	Saginaw	Saginaw	0	28	28

APPENDIX A

FACILITY NAME	CITY	COUNTY	NUMBER OF LICENSED BEDS		
			CHILD/ADOL	ADULT	TOTAL
St. John	Detroit	Wayne	0	35	35
St. Joseph	Pontiac	Oakland	25	33	58
St. Joseph's	Mt. Clemens	Macomb	0	72	72
St. Lawrence	Lansing	Ingham	30	79	109
St. Luke's	Saginaw	Saginaw	16	50	66
St. Mary	Livonia	Wayne	0	31	31
St. Mary's	Grand Rapids	Kent	0	20	20
Sinai	Detroit	Wayne	0	37	37
Southwest Det	Detroit	Wayne	0	56	56
University of MI	Ann Arbor	Washtenaw	32	52	84
Woodside	Pontiac	Oakland	0	54	54
Wyandotte	Wyandotte	Wayne	40	38	78
STATEWIDE TOTALS			774	3125	3899