

State of Michigan
Michigan Department of Licensing and Regulatory Affairs (LARA)
Bureau of Community and Health System

Health Facility/Agency Closure Plan Checklist

Facility Name			
Facility Number		CCN Number	
Facility Address			
Facility Type	<input type="checkbox"/> Hospital	<input type="checkbox"/> Psychiatric Hospital	
	<input type="checkbox"/> FSOF	<input type="checkbox"/> Nursing Home	
	<input type="checkbox"/> Hospice Agency	<input type="checkbox"/> Hospice Residence	
Contact Name			
Contact Email			
Contact Phone			
Closure Type	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Emergency
Proposed Closure Date			

To assist in complying with state and federal requirements, a health facility or agency must receive approval of the proposed closure prior to implementing the plan, which includes approval of the plan prior to notification to patients of the impending closure.

This checklist will serve as the index to the closure plan with page locations being noted for each required and applicable requirement.

Applicability	Closure Plan Requirement	Page Number
Required	Identify the last date for new admissions and the proposed date for last patient to be discharge or transferred from the facility.	
Required	Describe methods to prepare patients for transfer or discharge: <ul style="list-style-type: none"> • Communication of relocation options to ensure the patient, guardian, and legal representative can make an informed choice. • Preparation and orientation for voluntary and involuntary transfer or discharge. • Procedures for safe transfer. • Transfer of belongings and the up-to-date patient care records, including archived files, minimum data set, and discharge assessment. • Storage location and contact information for medical records not transferred with patients. • Procedures for continued assessment of care needs. 	

Required	<p>Describe methods to prepare facility and staff, including medical director and other clinical staff:</p> <ul style="list-style-type: none"> • Identify specific individual(s) responsible for daily operations, facility operations and closure activities • Written notification of closure by the administrator. • Ensure adequate staff for needs of the patients. • Supplemental funding for daily operations, if necessary. • Ongoing payment of staff salaries, and vendor and contractor expenses. • Ongoing accounting, maintenance, and reporting of patient's personal funds. • For licensed beds, describe the indented outcome of the beds at the time of closure. This may require submission of a BCHS-HFD-100 to delicense the beds or a building program agreement to hold the beds until the beds can be transferred to another licensed site. In addition, any associated CMS certification number (CCN) will need to be voluntarily terminated by submission of a signed letter on the provider letterhead to the department acknowledging the termination and the effective date. • For nursing homes only, acknowledge review of CMS document S&C 13-50-NH. 	
Required	<p>Notify the Federal Survey and Certification Division at least 60 days prior to proposed closure.</p> <p>Director of Federal Survey and Certification Division Bureau of Community and Health Systems Department of Licensing and Regulatory Affairs P.O. Box 30664 Lansing, MI 48909</p> <p>Email: BCHS_FedDivision@michigan.gov</p> <p>Phone Number: 517-284-8953</p>	
Required	<p>Notify the State Licensing Section at least 30 days prior to proposed closure.</p> <p>Manager of State Licensing Section Bureau of Community and Health Systems Department of Licensing and Regulatory Affairs P.O. Box 30664 Lansing, MI 48909</p> <p>Email: BCHS-StateLicensing@michigan.gov</p> <p>Phone Number: 517-241-1970</p>	

<p>Required</p>	<p>Notify the State Long Term Care Ombudsman and share the closure plan.</p> <p>Michigan Long Term Care Ombudsman Program Michigan Elder Justice Initiative 15851 South US 27, Suite 73 Lansing, MI 48912</p> <p>Email: SLTCO@meji.org</p> <p>Phone Number: 517-827-8040</p>	
<p>As Applicable</p>	<p>If federally certified to participate in Medicaid, notify Medicaid and submit the closure plan for MDHHS approval.</p> <p>Laurie Ehrhardt, Nursing Facility Quality Analyst Bureau of Medicaid Policy and Health Systems Innovation Michigan Department of Health and Human Services P.O. Box 30479 Lansing, MI 48909</p> <p>Email: ehrhardt1@michigan.gov</p> <p>Phone Number: 517-335-7225</p>	
<p>As Applicable</p>	<p>If federally certified to participate in Medicare and Medicaid, notify the applicable Medicare Administrative Contractor (MAC) for the relevant health facility or agency by submitting a CMS-855a or b.</p>	
<p>Required</p>	<p>Notify patients, guardian, and other legal representative in an understandable language and manner with the following information:</p> <ul style="list-style-type: none"> • Details of the closure plan. • Contact information of individuals responsible for the facility's daily operation and closure activities. 	
<p>As Applicable</p>	<p>Notify patient, guardian, and other legal representative with the following contact information for additional services:</p> <ul style="list-style-type: none"> • For nursing home only, the name, address, and phone number of the LTC Ombudsman (see above). • For patients with mental illness, physical disabilities, and developmental disabilities, the mailing address and telephone number of the Michigan Protection & Advocacy Service (MPAS). <p>MPAS, 4095 Legacy Parkway, Lansing, MI 48911</p> <p>Phone Number: 517-487-1755</p>	

Required	Notify, if applicable: <ul style="list-style-type: none"> • Physician for each patient • Vendors • Local community mental health authority • Local community mental health OBRA coordinator • Local medical control authority (hospitals only) • Unions • Other community partners • Other State or Federal Agencies, such as medical waste license, controlled substance license, etc. 	
Required	Provide copies of the following documents: <ul style="list-style-type: none"> • Notices to governmental agencies • Notice to vendors • Procedures on facility closure, new or existing • Procedures on patient transportation to new location • Procedures on transfer of patient record and belongings • Materials provided to assist in relocation options 	