

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF NEED

PUBLIC HEARING
REVIEW STANDARDS FOR
HOSPITAL BEDS AND ADDENDUM FOR HIV INFECTED INDIVIDUALS

BEFORE NATALIE KELLOGG, DEPARTMENTAL TECHNICIAN TO THE
CERTIFICATE OF NEED COMMISSION FROM THE CON HEALTH POLICY SECTION
OF THE DEPARTMENT OF COMMUNITY HEALTH

201 Townsend Street, Lansing, Michigan
Thursday, February 9, 2012, 9:30 a.m.

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TABLE OF CONTENTS

PAGE

Statement by Ms. Kellogg 3

Lansing, Michigan

Thursday, February 9, 2012 - 9:31 a.m.

MS. KELLOGG: Good morning. I am Natalie Kellogg, Departmental Technician to the Certificate of Need Commission from the CON Health Policy Section of the Department of Community Health. Chairperson Chip Falahee has directed the Department to conduct today's hearing.

Please be sure that you have completed the sign-in log. Copies of the standards and comment cards can be found on the back table with the sign-in log. A comment card needs to be completed and provided to me, if you wish to give testimony.

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

Section 1: Modified for consistency with other CON review standards.

Section 2: Definitions used only in certain sections have been moved to the applicable section to make it easier for the reader to identify the defined terms, eliminated definitions that are no longer needed, modified some new definitions, added new definitions. "Adjusted patient days" is defined as it's used in various sections of the standards. "Excluded hospitals" is defined and used in various sections of the standards in conjunction with low occupancy. "Hospital group" is defined and replaces the term "hospital subarea." "Underserved area" is defined and is used in various sections of the standards.

Section 3: Updated hospital groups methodology which is the former hospital subarea methodology.

Section 4: Updated the bed need methodology.

Section 5: Updated consistent with other standards and current practice. The bed need numbers will continue to be posted on the web site as part of the hospital bed inventory, and the appendix in the standards will be eliminated.

Section 6: A hospital in a rural or micropolitan statistical area county shall result in a hospital of at least 25 beds, not 50 beds. This will eliminate the majority of waivers requested for small hospitals and is in alignment with the critical access hospitals bed limit of 25; added low occupancy criteria under subsection (3) for the receiving licensed hospital under Section 8 -- relocation.

Section 7: A hospital in a rural or micropolitan statistical area county shall result in a hospital of at least 25 beds, not 50 beds. This will eliminate the majority of waivers requested for small hospitals and is in alignment with the critical access hospital bed limit of 25; added low occupancy criteria under subsection (3) for replacement.

Section 8: Added low occupancy criteria under subsection (3) for relocation.

Section 9: Divided requirements into distinct groups: quality assurance, access to care, and monitoring and reporting.

Section 15: Added low occupancy criteria under subsection (2) for acquisition.

Section 16: Added language for quality assurance assessment program (QAAP), civil monetary penalties (CMP), and state and federal code deficiencies consistent with other CON review standards.

Number 12: We updated/eliminated Appendices as applicable.

Number 13: Addendum for projects for HIV Infected Individuals has been eliminated.

14: Other technical changes. If you wish to speak on the proposed Standards, please provide your comment card to me. Additionally, if you have written testimony, please provide a copy, as well. Just as a reminder, all cell phones and pagers need to be turned off or set to vibrate during the hearing.

As indicated on the Notice of Public Hearing, written testimony may be provided to the Department via our web site at www.michigan.gov/con through Thursday, February 16th, 2012 at 5:00 p.m.

Today is Thursday February 9th, 2012. We will begin the hearing by taking testimony and will continue until all testimony has been given, at which time we will adjourn.

Having said that, is there anyone that has testimony? Not receiving any testimony, we'll go ahead and adjourn. Thank you.

(Proceedings concluded at 9:36 a.m.)