MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF NEED (CON) COMMISSION MEETING

Thursday September 27, 2012

Capitol View Building
201 Townsend Street
MDCH Conference Center
Lansing, Michigan 48913

APPROVED MINUTES

I. Call to Order & Introductions

Chairperson Falahee called the meeting to order @ 9:29 a.m., He introduced Commissioner Tomatis and Beth Nagel, from the department.

A. Members Present:

Gail J. Clarkson RN, Medilodge
James B. Falahee, Jr., JD, Chairperson
Charles Gayney
Robert Hughes
Marc Keshishian, MD, Vice-Chairperson
Brian Klott
Gay L. Landstrom, RN in at 9:38 a.m.
Suresh Mukherji, MD
Kathleen Cowling, DO
Luis Tomatis, MD

B. Members Absent

Edward B. Goldman
Brian Klott

C. Department of Attorney General Staff:

Joseph Potchen

D. Michigan Department of Community Health Staff Present:

Tulika Bhattacharya
Scott Blakeney
Natalie Kellogg
Beth Nagel
Tania Rodriguez
Brenda Rogers

II. Review of Agenda

Motion by Commissioner Gayney, seconded by Commissioner Mukherji, to approve the modified agenda, allowing Senator Kowall's assistant Mike Murray to speak on behalf of the Senator. Motion Carried.

III. Declaration of Conflicts of Interests

None.

IV. Review of Minutes of June 14, 2012

Motion by Commissioner Cowling, seconded by Vice-Chairperson Keshishian, to approve the minutes of June 14, 2012 as presented. Motion Carried.

V. Mike Murray on Behalf of Senator Mike Kowall

Mr. Murray spoke to the Commission on behalf of Senator Kowall expressing his eagerness to work with the Commission and the department in upcoming endeavors.

Discussion followed.

VI. Bone Marrow Transplantation (BMT) Services- Technical Edits

Ms. Rogers gave a brief overview of the proposed technical amendment to the BMT Services Standards (see Attachment A).

A. Public Comment:

None

B. Commission Discussion

Discussion followed.

C. Commission Final Action:

Motion by Commissioner Landstrom, seconded by Commissioner Mukherji, to approve the proposed language and move it forward for public hearing. Motion Carried in a vote of 9- Yes, 0- No, and 0- Abstained.

VII. Psychiatric Beds & Services Workgroup Report

Dr. Sandler gave a presentation based on the results from the Psych Bed Workgroup (See attachments B).

Ms. Rogers gave a brief overview of the proposed language (See attachment C).

A. Public Comment

Robert Nykamp, Pine Rest (See attachment D)

B. Commission Discussion

None.

D. Commission Final Action

Motion by Vice-Chairperson Keshishian, seconded by Commissioner Cowling, to approve the proposed language and move it forward to the JLC and Governor for the 45-day review period. Motion Carried in a vote of 9- Yes, 0- No, and 0- Abstained.

VIII. Megavoltage Radiation Therapy (MRT) Workgroup Update

Vice-Chairperson Keshishian gave a brief verbal update on the progress of the MRT workgroup.

IX. Open Heart Surgery (OHS) Standard Advisory Committee (SAC) Update

Chairperson Falahee verbally referenced the written report from Dr. Sell (See attachment E)

X. Standing New Medical Technology Advisory Committee (NEWTAC)

Vice-Chairperson Keshishian stated there were no updates for NEWTAC

XI. Legislative Report

Mr. Blakeney gave a brief verbal overview of the legislative activity, including updates on SB 1237 and 1269.

Discussion followed.

XII. Administrative Update

A. Planning and Access to Care Section

Mr. Blakeney introduced Beth Nagel and gave a brief update

1. Magnetic Resonance Imaging (MRI) Workgroup Update

Commissioner Mukherji referenced the MRI workgroup survey details

B. CON Evaluation Section Update

1. Compliance Report
2. Quarterly Performance

Ms. Bhattacharya gave an update on both compliance and quarterly performance activity (see Attachments F & G).

XIII. Legal Activity Report

Mr. Potchen gave a brief status update on the legal activities (see Attachment H).

XIV. Future Meeting Dates

A. December 13, 2012

XV. Public Comment

Brett Jackson, Economic Alliance for Michigan

XVI. Review of Commission Work Plan

Ms. Rogers gave a brief overview of the Work Plan (see Attachment I).

A. Commission Discussion
None.

B. Commission Action

Motion by Commissioner Mukherji, seconded by Commissioner Cowling, to approve the work plan as presented. Motion Carried in a vote of 9- Yes, 0- No, and 0- Abstain.

XVII. Adjournment

Motion by Commissioner Mukherji, seconded by Commissoner Cowling, to adjourn the meeting @ 11:09 a.m. Motion Carried in a vote of 9- Yes, 0- No, and 0- Abstain.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF NEED (CON) REVIEW STANDARDS
FOR BONE MARROW TRANSPLANTATION (BMT) SERVICES

(By authority conferred on the CON 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~~TO INTIATE OR ACQUIRE BMT ~~of~~ services under Part 222 of the Code. ~~Pursuant to Part 222 of the Code,~~ BMT SERVICES ~~is~~ ARE a covered clinical service pursuant to Part 222 of the Code. The Department shall use these standards in applying Section 22225(1) of the Code being Section 333.22225(1) of the Michigan Compiled Laws and Section 22225(C) of the Code, being Section 333.22225(2)(C) of the Michigan Compiled Laws.

(2) A BMT service listed on the Department inventory that is located at a hospital site and initially does not perform both allogeneic and autologous procedures shall not be required to obtain separate CON approval to begin performing both autologous and allogeneic BMT procedures.

(3) An existing BMT service that performs only adult procedures shall require separate CON approval in order to perform pediatric procedures. An existing BMT service that performs only pediatric procedures shall require separate CON approval in order to perform adult procedures.

Section 2. Definitions

Sec. 2. (1) As used in these standards:

(a) ~~"Acquisition of a BMT service" means the acquisition (including purchase, lease, donation, or other arrangement) of an existing BMT service.~~

(b) "Adult" means an individual age 18 or older.

(c) "Allogeneic" means transplantation between genetically nonidentical individuals of the same species.

(d) "Autologous" means transplantation in which the donor and recipient are the same individual.

(e) "Bone marrow transplantation service" or “BMT service” means the transplantation of proliferating hematopoietic stem cells essential to the survival of a patient derived from the bone marrow, the peripheral circulation, cord blood, or any other source.

(f) "Cancer hospital" means a hospital that has been approved to participate in the Title XVIII (Medicare) program as a prospective payment system (PPS) exempt hospital in accordance with Section 1886 (d)(1)(B)(v) of the Social Security Act, as amended.

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

(h) "Comparative group" means the applications that have been grouped for the same type of project in the same planning area and are being reviewed comparatively in accordance with the CON rules.

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

(j) "Department" means the Michigan Department of Community Health (MDCH).

(k) "Department inventory of BMT services" means the list maintained by the Department of: (i) the bone marrow transplantation services operating pursuant to a valid CON issued under Part 222 or former Part 221; (ii) operating BMT services for which the operation of that service did not require a CON; and (iii) BMT services that are not yet operational but have a valid CON issued under Part 222. The list shall

inventory adult and pediatric services separately and shall specify the site at which the BMT service is authorized.

(l) "Existing BMT service," for purposes of Section 3(5) of these standards, means any of the following: (i) a BMT service listed on the Department inventory, (ii) a proposed BMT service under appeal from a final decision of the Department, or (iii) a proposed BMT service that is part of a completed application under Part 222 (other than the application under review) for which a proposed decision has been issued and which is pending final decision.

(m) "Health service area" or "HSA" means the geographic area set forth in ~~Section 9~~APPENDIX A.

(n) "Initiate" or "implement" means the performance of the first transplant procedure. The term of an approved CON shall be 18 months or the extended period established by Rule 325.9403(2).

~~(o) "Initiate a BMT service" means to begin operation of a BMT service at a site that does not provide either adult or pediatric BMT services and is not listed on the Department inventory as of the date an application is submitted to the Department. The term includes an adult service that is proposing to provide a pediatric BMT service, and a pediatric service that is proposing to provide an adult BMT service. The term does not include beginning operation of a BMT service by a cancer hospital which acquires an existing BMT service provided that all of the staff, services, and programs required under section 3(3) are to be provided by the cancer hospital and/or by the hospital from which the BMT service is being acquired.~~

(p) "Institutional Review Board" or "IRB" means an institutional review board as defined by Public Law 93-348 which is regulated by Title 45 CFR 46.

(q) "Licensed site" means the location of the hospital authorized by license and listed on that licensee's certificate of licensure.

(r) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396~~r-6 and~~TO 1396~~r-8~~G AND 1396I to ~~1396v~~1396U.

(s) "Pediatric" means any patient 20 years of age or less or any patient with congenital conditions or diseases for which BMT is a treatment.

(t) "Planning area" means:

(i) planning area one that includes the counties in health service areas 1, 2, 5, and 6, and the following counties in health service area 7: Alcona, Alpena, Cheboygan, Crawford, Montmorency, Oscoda, Otsego, and Presque Isle; or

(ii) planning area two that includes the counties in health service areas 3, 4, and 8, and the following counties in health service area 7: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford.

(u) "Qualifying project" means each application in a comparative group that has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other applicable requirements for approval in the Code and these standards.

(v) "Survival rate" means the rate calculated using the Kaplan-Meier technique and the following: (i) the date of transplantation (or, if more than one transplant is performed, the date of the first transplant) must be the starting date for calculation of the survival rate; (ii) for those dead, the date of death is used, if known. If the date of death is unknown, it must be assumed as 1 day after the date of the last ascertained survival; (iii) for those who have been ascertained as surviving within 60 days before the fiducial date (the point in time when the facility's survival rates are calculated and its experience is reported), survival is considered to be the date of the last ascertained survival, except for patients described in subsection (v); (iv) any patient who is not known to be dead, but whose survival cannot be ascertained to a date that is within 60 days before the fiducial date, must be considered as "lost to follow up" for the purposes of the survival rate calculation; (v) any patient transplanted between 61 and 120 days before the fiducial date must be considered as "lost to follow up" if he or she is not known to be dead and his or her survival has not been ascertained for at least 60 days before the fiducial date. Any patient transplanted within 60 days before the fiducial date must be considered as "lost to follow up" if he or she is not known to be dead and his or her survival has not been ascertained on the fiducial date; and (vi) the survival analyses must use the assumption that each patient in the "lost to follow up" category died 1 day after the last date of ascertained survival. However, an applicant may submit additional analyses that reflect each patient in the "lost to follow up" category as alive at the date of the last ascertained survival.

(w) "Tumor registry" means a manual or computerized data base containing information about all malignancies and only those that are diagnosed and/or treated at the applicant's facility. The malignancies must be reportable to the Michigan Cancer Surveillance Program as required pursuant to Public Act 82 of 1984, as amended.

(2) The definitions of Part 222 shall apply to these standards.

Section 3. Requirements to initiate a BMT service

Sec. 3. Initiate a BMT service means to begin operation of a BMT service at a site that does not provide either adult or pediatric BMT services and is not listed on the Department inventory as of the date an application is submitted to the Department. The term includes an adult service that is proposing to provide a pediatric BMT service, and a pediatric service that is proposing to provide an adult BMT service. The term does not include beginning operation of a BMT service by a cancer hospital which acquires an existing BMT service provided that all of the staff, services, and programs required under section 3(3) are to be provided by the cancer hospital and/or by the hospital from which the BMT service is being acquired. An applicant proposing to initiate a BMT service shall demonstrate the following requirements~~:~~, AS APPLICABLE TO THE PROPOSED PROJECT.

(1) An applicant shall specify in the application whether the proposed service will perform either or both adult and pediatric BMT procedures.

(2) An applicant shall specify the licensed site at which the BMT service will be provided.

(3) An applicant proposing to initiate either an adult or pediatric BMT service shall demonstrate that the licensed site at which the transplants will be offered provides each of the following staff, services, and programs:

(a) operating rooms.

(b) continuous availability, on-site or physically connected, either immediate or on-call, of CT scanning, magnetic resonance imaging, ultrasound, angiography, and nuclear medicine services.

(c) dialysis.

(d) inpatient-outpatient social work.

(e) inpatient-outpatient psychiatry/psychology.

(f) clinical research.

(g) a microbiology and virology laboratory.

(h) a histocompatibility laboratory that meets the standards of the American Society for Histocompatibility and Immunogenetics, or an equivalent organization, either on-site or through written agreement.

(i) a hematopathology lab capable of performing cell phenotype analysis using flow cytometry.

(j) a clinical chemistry lab with the capability to monitor antibiotic and antineoplastic drug levels, available either on-site or through other arrangements that assure adequate availability.

(k) other support services, as necessary, such as physical therapy and rehabilitation medicine.

(l) continuous availability of anatomic and clinical pathology and laboratory services, including clinical chemistry, and immuno-suppressive drug monitoring.

(m) continuous availability of red cells, platelets, and other blood components.

(n) an active medical staff that includes, but is not limited to, the following board-certified or board-eligible specialists. For an applicant that is proposing to perform pediatric transplant procedures, these specialists shall be board-certified or board-eligible in the pediatric discipline of each specialty.

(i) anesthesiology.

(ii) cardiology.

(iii) critical care medicine.

(iv) gastroenterology.

(v) general surgery.

(vi) hematology.

(vii) infectious diseases.
(viii) nephrology.
(ix) neurology.
(x) oncology.
(xi) pathology, including blood banking experience.
(xii) pulmonary medicine.
(xiii) radiation oncology.
(xiv) radiology.
(xv) urology.

(o) One or more consulting physicians who are board-certified or board-eligible in each of the following specialties. For an applicant proposing to perform pediatric BMT procedures, these specialists shall have specific experience in the care of pediatric patients.

(i) dermatology.
(ii) immunology.
(iii) neurosurgery.
(iv) orthopedic surgery.

(4) An applicant must provide an implementation plan for the proposed BMT service. “Implementation plan" means a plan that documents how a proposed BMT service will be initiated within the time period specified in these standards or the CON rules. At a minimum, the implementation plan shall identify:

(a) each component or activity necessary to begin performing the proposed BMT service including, but not limited to, the development of physical plant requirements, such as an intensive care unit capable of treating immuno-suppressed patients, equipment acquisitions, and recruitment and employment of all physician and support staff;

(b) the time table for completing each component or activity specified in subsection (a); and

(c) if the applicant previously has been approved for a BMT service for which either the CON expired or the service did not perform a transplant procedure during any consecutive 12-month period, what changes have or will be made to ensure that the proposed service can be initiated and provided on a regular basis.

(5)(a) An applicant shall demonstrate that the number of existing adult BMT services does not exceed three (3) adult BMT services in planning area one identified in Section 2(1)(t)(i) or one (1) adult BMT service in planning area two identified in Section 2(1)(t)(ii) and that approval of the proposed application will not result in the total number of adult BMT services exceeding the need for each specific planning area.

(b) An applicant shall demonstrate that the number of existing pediatric BMT services does not exceed two (2) pediatric BMT services in planning area one identified in Section 2(1)(t)(i) or one (1) pediatric BMT service in planning area two identified in Section 2(1)(t)(ii) and that approval of the proposed application will not result in the total number of pediatric BMT services exceeding the need for each specific planning area.

(6)(a) An applicant proposing to initiate an adult BMT service shall project that at least 30 transplants, of which at least 10 are allogeneic transplant procedures, will be performed in the third 12-months of operation.

(b) An applicant proposing to initiate a pediatric BMT service shall project that at least 10 transplants, of which 5 are allogeneic transplant procedures, will be performed in the third 12-months of operation.

(c) An applicant proposing to initiate both an adult and a pediatric BMT service shall specify whether patients age 18-20 are included in the projection of adult procedures required pursuant to subsection (a) or the projection of pediatric procedures required pursuant to subsection (b). An applicant shall not include patients age 18-20 in both adult and pediatric projections required pursuant to subsections (a) and (b).

(7) An applicant shall provide megavoltage radiation therapy services, either on-site or physically connected, with a nominal beam energy of at least 6 MEV, including the capability to perform total body irradiation.

(8) An applicant shall demonstrate that the licensed site at which the proposed BMT service is proposed has an institutional review board.

(9) An applicant proposing to initiate a pediatric BMT service shall demonstrate that the licensed site at which the pediatric transplant procedures will be performed has each of the following:
(a) a designated pediatric inpatient oncology unit.
(b) a pediatric inpatient intensive care unit.
(c) membership status in either the Pediatric Oncology Group (POG) or the Children's Cancer Group (CCG).
(d) a pediatric tumor board that meets on a regularly scheduled basis.
(e) family support group services, provided either directly or through written agreements.
(f) a pediatric cancer program with the following staff:
(i) a director who is either a board-certified immunologist who has specific training and experience in BMT or a board-certified pediatric hematologist/oncologist.
(ii) nurses with training and experience in pediatric oncology.
(iii) social workers with training and experience in pediatric oncology.
(iv) pediatric psychologists.
(v) child life specialists.

(10)(a) An applicant proposing to initiate either a new adult or pediatric BMT service shall submit, in its application, a written consulting agreement with an existing BMT service. The written consulting agreement must be with an existing in-state or out-of-state Foundation for the Accreditation of Cellular Therapy (FACT) accredited transplant unit that performs both allogenic and autologous transplants for either adult and/or pediatrics. The terms of the agreement and the roles and responsibilities of both the existing and proposed service shall include at least the following:
(i) The term of the written consulting agreement is no less than 36 months after the proposed service begins to perform BMT procedures.
(ii) One or more representatives of the existing BMT service have been designated as staff responsible for carrying out the roles and responsibilities of the existing service.
(iii) The existing service shall evaluate and make recommendations to the proposed service on policies and procedures, including time tables, for at least each of the following:
(A) nursing services.
(B) infection control.
(C) nutritional support.
(D) staff needs and training.
(E) inpatient and outpatient medical coverage.
(F) transfusion and blood bank policies.
(G) transplant treatment protocols.
(H) hematopoiesis laboratory services and personnel.
(I) data management.
(J) quality assurance program.
(iv) Specify a schedule of site visits by staff of the existing BMT service that, at a minimum, includes:
(A) 3 visits during the first 12-months of operation of the proposed service.
(B) 3 visits during each the second 12-months and third 12-months of operation of the proposed service.
(v) Specify that the purpose of the site visits required by subdivision (iv) is to assess the proposed service and make recommendations related to quality assurance mechanisms of the proposed service, including at least each of the following:
(A) a review of the number of patients transplanted.

(B) transplant outcomes.

(C) all infections requiring treatment or life-threatening toxicity, defined for purposes of this agreement as National Cancer Institutes grade #3 or greater toxicity, excluding hematological toxicity.

(D) all deaths occurring within 100 days from transplant.

(E) each of the requirements of subdivision (iii).

(vi) Specify that a written report and minutes of each site visit shall be completed by the existing BMT service and sent to the proposed service within 2 weeks of each visit, and that copies of the reports and minutes shall be available to the Department upon request. At a minimum, the written report shall address each of the items in subdivision (v).

(vii) Specify that the existing BMT service shall notify the Department and the proposed service immediately if it determines that the proposed service may not be in compliance with any applicable quality assurance requirements, and develop jointly with the proposed service a plan for immediate remedial actions.

(viii) Specify that the existing BMT service shall notify the Department immediately if the consulting agreement required pursuant to these standards is terminated and that the notification shall include a statement describing the reasons for the termination.

(b) For purposes of subsection (10), "existing BMT service" means a service that meets all of the following:

(i) currently is performing and is FACT accredited in, the types of transplants (allogeneic and autologous; adult or pediatric) proposed to be performed by the applicant;

(ii) currently is certified as a National Marrow Donor Program; and

(iii) is located in the United States.

(c) An applicant shall document that the existing BMT service meets the requirements of subsection (b).

Section 4. Requirements for approval – acquisition of a BMT service by a cancer hospital

SEC 4.~~(1)~~ Acquisition of a BMT service means the acquisition (including purchase, lease, donation, or other arrangement) of an existing BMT service. An applicant proposing to acquire an existing BMT service shall demonstrate THE FOLLOWING, AS APPLICABLE TO THE PROPOSED PROJECT.

(1) ~~that it~~ THE APPLICANT meets all of the requirements of this subsection and shall not be required to be in compliance with Section 3(5) and the department inventory.

(a) The total number of BMT services is not increased in the planning area as the result of the acquisition.

(b) As part of the acquisition of the BMT service, the acquisition or replacement of the cancer hospital, or for any other reasons, the location of the BMT service shall be located at its prior location or in space within the licensed cancer hospital site.

(c) The applicant is a cancer hospital as defined by these standards. The applicant shall, to the satisfaction of the Department, provide verification of PPS-exemption at the time of application, or shall demonstrate compliance with the following to the satisfaction of the Department:

(i) The applicant, or an affiliate of the applicant, operates a comprehensive cancer center recognized by the National Cancer Institute in conjunction with a Michigan university that is designated as a comprehensive cancer center, or the applicant is the Michigan university that is designated as a comprehensive cancer center.

(ii) The applicant commits to provide evidence, satisfactory to the Department, of approval as a PPS-exempt hospital within the time limits specified in subsection (g).

(d) The applicant demonstrates that it meets, directly or through arrangements with the hospital from which it acquires the BMT service, the requirements set forth under Section 3(3), (6), (7), and (8), as applicable.

(e) The applicant agrees to either have a written consulting agreement as required by Section 3(10) or obtain a determination by the Department that such an agreement is not required because the existing BMT staff, services, and program substantially will continue to be in place after the acquisition.

(f) The applicant agrees and assures to comply, either directly or through arrangements with the hospital from which it acquires the BMT service, with all applicable project delivery requirements.

(g) If the applicant described in this subsection, or an applicant previously approved under this subsection, does not meet the Title XVIII requirements of the Social Security Act for exemption from PPS within 24 months after receiving CON approval under this section or such later date as the Department may have previously approved, the Department may extend the 24-month deadline to no later than the last session day permitted by the United States Constitution for the 113th United States Congress. Extension of the deadline until the end of the 113th Congress shall require the filing of a CON application under this section that provides demonstration by the applicant, to the satisfaction of the Department, that the applicant is continuing to pursue the PPS exemption. If the applicant fails to meet the Title XVIII requirements for PPS exemption within the 24-month period, or its possible extensions, then the Department may expire the CON granted pursuant to this subsection. However, prior to the Department expiring the CON, the original holder of the CON to provide the BMT service may apply for acquisition of the service, pursuant to all the provisions of this section, except for subsections (c) and (g).

(2) Applicants proposing to acquire an existing BMT service under this section shall not be subject to comparative review.

Section 5. Review standards for comparative reviews

Sec. 5. (1) Any application subject to comparative review under Section 22229 of the Code, being Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and reviewed comparatively with other applications in accordance with the CON rules applicable.

(2) Each application in a comparative group shall be individually reviewed to determine whether the application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards. If the Department determines that two or more competing applications satisfy all of the requirements for approval, these projects shall be considered qualifying projects. The Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1) being Section 333. 22225(1) of the Michigan Compiled Laws, and which have the highest number of points when the results of subsection (2) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, taken together, do not exceed the need, as defined in Section 22225(1) of the Code, being Section 333. 22225(1) of the Michigan Compiled Laws, in the order in which the applications were received by the Department, based on the date and time stamp placed on the applications by the CON administrative unit of the Department responsible for administering the CON program when an application is submitted.

(3)(a) A qualifying project will have points awarded based on the straight-line distance to the nearest existing BMT service of the type applied for (adult or pediatric), as shown in the following schedule:

Straight-line Distance to Nearest BMT Service	Points Awarded
<75 miles	0
75 – 150 miles	1
>150 miles	2

(b) A qualifying project will have up to 4 points awarded based on the percentage of the medical/surgical indigent volume at the licensed site at which the proposed BMT service will be provided in accordance with the following:

375 (i) For each applicant in the same comparative group, determine the medical/surgical indigent
376 volume. Determine the licensed site that has the highest indigent volume in the same comparative group.
377 Divide the medical/surgical indigent volume for that licensed site by 4.0. The result is the indigent volume
378 factor rounded to the nearest whole number.
379 (ii) For each applicant in the same comparative group, divide the medical/surgical indigent volume
380 by the indigent volume factor determined in subdivision (i). The result, to the nearest whole number, is the
381 number of points that will be awarded to each applicant pursuant to this subsection.
382 For purposes of this subsection, indigent volume means the ratio of a hospital's indigent charges to
383 its total hospital charges expressed as a percentage, rounded to the nearest whole number, as
384 determined by the Michigan Department of Community Health Medical Services Administration. The
385 indigent volume data being used in this subsection is the data in the most current DCH-MSA
386 Disproportionate Share Hospital (DSH) Report at the time the application(s) is deemed submitted by the
387 Department.
388 (c) A qualifying project will have 2 points awarded if an applicant documents that, during the 36-
389 month period prior to the date an application is submitted to the Department, at least 15 patients received
390 pre- and post-transplant care at the licensed hospital site at which the BMT procedures will be performed
391 and were referred for and received a BMT at an existing BMT service, and submits documentation from
392 the existing BMT service(s) of these referrals.
393 (d) A qualifying project will have points awarded based on the number of necessary support
394 services/personnel as identified in Section 7 that the applicant has available on-site on the date the
395 application is submitted to the Department, as follows:
396 (i) 24-hour blood bank support, including pheresis capability, irradiated blood, products suitable for
397 cytomegalovirus-negative transplants, and blood component therapy.
398 (ii) a processing and cryopreservation laboratory that meets the standards of the fact or an
399 equivalent organization.
400 (iii) anatomic and clinical pathology with competency in interpreting pathologic findings related to
401 graft-v-host disease and other opportunistic infections in immuno-compromised hosts.
402 (IV) therapeutic drug monitoring.
403 (v) one or more attending physicians with fellowship training, and/or at least 2 years of experience,
404 in pediatric and/or adult BMT, as appropriate.
405 (vi) board-certified or board-eligible consulting physicians in all of the following areas: anatomic
406 pathology with competence in graft versus host disease and other opportunistic diseases, infectious diseases
407 with experience in immuno-compromised hosts, and radiation oncology with experience in total body
408 irradiation.
409 (vii) a transplant team coordinator, with experience in evaluating pre and post BMT patients.
410 (viii) nurses with specialized training in pediatric and/or adult, as appropriate, BMT,
411 hematology/oncology patient care, administration of cytotoxic therapies, management of infectious
412 complications associated with host-defense mechanisms, administration of blood components, the
413 hemodynamic support of the transplant patient, and managing immuno-suppressed patients.
414 (ix) a pharmacist experienced with the use of cytotoxic therapies, use of blood components, the
415 hemodynamic support of the transplant patient, and the management of immuno-suppressed patients.
416 (x) an active, formal multi-disciplinary research program related to BMT.
417 (xi) a protective environmental inpatient unit for immuno-suppressed patients that has an isolation
418 policy, an infection control plan specific to that unit, and air handling system capable of preventing nosocomial
419 infections disseminated from central heating and cooling systems and ambient air.
420
421 The applicant shall receive points, up to a maximum of three (3), for this criterion according to the
422 following schedule:
423

Number of BMT Support Personnel/Services Available	Points
zero or one	0
two to five	1

six to nine	2
ten or eleven	3

(4) Submission of conflicting information in this section may result in a lower point award. If an application contains conflicting information which could result in a different point value being awarded in this section, the Department will award points based on the lower point value that could be awarded from the conflicting information. For example, if submitted information would result in 6 points being awarded, but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If the conflicting information does not affect the point value, the Department will award points accordingly. For example, if submitted information would result in 12 points being awarded and other conflicting information would also result in 12 points being awarded, then 12 points will be awarded.

Section 6. Requirements for ~~approval -- all applicants~~MEDICAID PARTICIPATION

Sec. 6. An applicant shall provide verification of Medicaid participation. An applicant that is ~~initiating a new service or is~~ a new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided to the Department within six (6) months from the offering of services if a CON is approved.

Section 7. Project delivery requirements~~--~~ terms of approval FOR ALL APPLICANTS

Sec. 7. ~~(1)~~ An applicant shall agree that, if approved, the BMT service shall be delivered in compliance with the following terms of ~~CON~~ approval:

(~~a~~1) Compliance with these standards. An applicant shall immediately report to the Department any changes in key staff or other aspects of the BMT service that may affect its ability to comply with these standards.

~~(b) Compliance with applicable safety and operating standards.~~

(~~c~~2) Compliance with the following quality assurance ~~standards~~REQUIREMENTS, as applicable, no later than the date the first BMT procedure, allogeneic or autologous, is performed:

(~~i~~A) An applicant shall establish and maintain, either on-site or through written agreements, all of the following:

(~~A~~I) 24-hour blood bank support, including pheresis capability, irradiated blood, products suitable for cytomegalovirus-negative transplants, and blood component therapy.

(~~B~~II) a cytogenetics and/or molecular genetic laboratory.

(~~C~~III) a processing and cryopreservation laboratory that meets the standards of the FACT or an equivalent organization.

(~~D~~IV) a histocompatibility laboratory that has the capability of DNA-based HLA-typing and meets the standards of the American Society for Histocompatibility and Immunogenetics or an equivalent organization.

(~~E~~V) anatomic and clinical pathology with competency in interpreting pathologic findings related to graft-v-host disease (programs performing allogeneic transplants) and other opportunistic infections in immuno-compromised hosts (programs performing allogeneic and autologous transplants).

(~~F~~VI) therapeutic drug monitoring.

(~~ii~~B) An applicant shall establish and maintain, at the licensed hospital site at which the transplants are performed, both of the following:

(~~A~~I) a protective environmental BMT inpatient unit for immuno-suppressed patients that has an isolation policy, an infection control plan specific to that unit, and an air handling system capable of preventing nosocomial infections disseminated from central heating and cooling systems and ambient air.

(~~B~~II) a specialized intensive care unit capable of treating immuno-suppressed neutropenic patients.

(~~iii~~C) An applicant shall establish and maintain written policies related to outpatient care for BMT patients, including at least the following:

(~~A~~I) the ability to evaluate and provide treatment on a 24-hour basis.

(~~B~~II) nurses experienced in the care of BMT patients.

(~~C~~III) a designated outpatient area for patients requiring long-duration infusions or the administration of multiple medications or blood product transfusions.

(~~iv~~D) A BMT service shall establish and maintain a dedicated transplant team that includes at least the following staff:

(~~A~~I) a transplant team leader, who is a physician that is board-certified in at least one of the following specialties: hematology, medical oncology, immunology, or pediatric hematology/oncology, as appropriate, and has had either at least one year of specific clinical training or two years of experience, both inpatient and outpatient, as an attending physician principally responsible for the clinical management of patients treated with hematopoietic transplantation. The team leader's experience shall include the clinical management of patients receiving an allogeneic transplant. The responsibilities of the transplant team leader shall include overseeing the medical care provided by attending physicians, reporting required data to the Department, and responsibility for ensuring compliance with the all applicable project delivery requirements.

(~~B~~II) one or more attending physicians with specialized training in pediatric and/or adult BMT, as appropriate. At least one attending physician shall have specialized training in allogeneic transplantation, adult or pediatric, as appropriate. An attending physician shall be board-certified or board-eligible in hematology, medical oncology, immunology, or pediatric hematology/oncology, as appropriate.

(~~C~~III) on-site availability of board-certified or board-eligible consulting physicians, adult and/or pediatric, as appropriate, in at least the following specialities: cardiology, gastroenterology nephrology, psychiatry, pulmonary medicine, and critical care medicine.

(~~D~~IV) on-site availability of board-certified or board-eligible consulting physicians in the following areas: anatomic pathology with competence in graft versus host disease (services performing allogeneic transplants) and other opportunistic diseases (services performing allogeneic and autologous transplants), infectious diseases with experience in immuno-compromised hosts, and radiation oncology with experience in total body irradiation.

(~~E~~V) a transplant team coordinator, who shall be responsible for providing pre-transplant patient evaluation and coordinating treatment and post-transplant follow-up and care.

(~~F~~VI) a nurse to patient ratio necessary to provide care consistent with the severity of a patient's clinical status.

(~~G~~VII) nurses with specialized training in pediatric and/or adult, as appropriate, BMT, hematology/oncology patient care, administration of cytotoxic therapies, management of infectious complications associated with compromised host-defense mechanisms, administration of blood components, the hemodynamic support of the transplant patient, and managing immuno-suppressed patients.

(~~H~~VIII) a pharmacist experienced with the use of cytotoxic therapies, use of blood components, the hemodynamic support of the transplant patient, and the management of immuno-suppressed patients.

____(~~I~~X) dietary staff capable of providing dietary consultations regarding a patient's nutritional status, including total parenteral nutrition.

(~~J~~X) designated social services staff.

(~~K~~XI) designated physical therapy staff.

(~~L~~XII) data management personnel designated to the BMT service.

(~~M~~XIII) for an applicant performing pediatric BMT, a child-life specialist.

(~~v~~E) In addition to the dedicated transplant team required in ~~subdivision~~ subSECTION (~~iv~~D), an applicant's staff shall include a patient ombudsman, who is familiar with the BMT service, but who is not a member of the transplant team.

(~~vi~~F) An applicant shall develop and maintain patient management plans and protocols that include the following:

(~~A~~I) therapeutic and evaluative procedures for the acute and long-term management of a patient.

(~~B~~II) patient management and evaluation during the waiting, in-hospital and immediate post-discharge phases of the service.

(~~C~~III) long-term management and evaluation, including education of the patient, liaison with the patient's attending physician, and the maintenance of active patient records for at least 5 years.

(~~D~~IV) IRB approval of all clinical research protocols, or if transplantation does not require an IRB-approved clinical research protocol, written policies and procedures that include at least the following: donor, if applicable, and recipient selection, transplantation evaluations, administration of the preparative

529 regimen, post-transplantation care, prevention and treatment of graft-versus-host disease, and follow-up
530 care.
531 (~~vii~~G) An applicant shall establish and maintain a written quality assurance plan.
532 (~~viii~~H) An applicant shall implement a program of education and training for nurses, technicians,
533 service personnel, and other hospital staff.
534 (~~ix~~I) An applicant shall participate actively in the education of the general public and the medical
535 community with regard to BMT, and make donation literature available in public areas of the institution.
536 (~~x~~J) An applicant shall establish and maintain an active, formal multi-disciplinary research program
537 related to the proposed BMT service.
538 (~~xi~~K) An applicant shall operate, either on-site or under its direct control, a multi-disciplinary selection
539 committee which includes, but is not limited to, a social worker, a mental health professional, and
540 physicians experienced in treating BMT patients.
541 (~~xii~~L) A pediatric BMT service shall maintain membership status in the Children's Oncology Group
542 (COG).
543 (~~xiii~~M) For purposes of evaluating subsection (~~c~~2), except subdivision (~~xii~~K), the Department shall
544 consider it prima facie evidence as to compliance with the applicable requirements if an applicant
545 documents that the BMT service is accredited by the National Marrow Donor Program (NMDP) or the
546 Foundation for the Accreditation of Cell Therapy (FACT).
547
548 (3) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:
549 (A) THE BMT SERVICE SHALL ACCEPT REFERRALS FOR BMT SERVICES FROM ALL
550 APPROPRIATELY LICENSED HEALTH CARE PRACTITIONERS.
551 (~~xiv~~B) ~~An applicant~~THE BMT SERVICE shall participate in Medicaid at least 12 consecutive months
552 within the first two years of operation and continue to participate annually thereafter.
553 (C) THE BMT SERVICE SHALL not deny BMT services to any individual based on ability to pay or
554 source of payment.
555 (D) THE OPERATION OF AND REFERRAL OF PATIENTS TO THE BMT SERVICE SHALL BE IN
556 CONFORMANCE WITH 1978 PA 368, SEC. 16221, AS AMENDED BY 1986 PA 319; MCL 333.16221;
557 MSA 14.15 (16221).
558
559 (~~d~~4) Compliance with the following ~~terms of approval~~MONITORING AND REPORTING
560 REQUIREMENTS:
561 ~~(i) An applicant shall perform the applicable required volumes as follow:~~
562 (~~A~~A) An adult BMT service shall perform at least 30 transplants, of which at least 10 are allogeneic
563 transplants, in the third 12-months of operation and annually thereafter.
564 (~~B~~B) A pediatric BMT service shall perform at least 10 transplants, of which at least 5 are allogeneic
565 transplants, in the third 12-months of operation. After the third 12-months of operation, an applicant shall
566 perform at least 30 pediatric transplants in any 36-month consecutive period, with no fewer than 5
567 allogeneic transplants in any 12-month period, beginning with the third 12-months of operation, and
568 thereafter.
569 (~~C~~C) A BMT service that performs both adult and pediatric BMT shall specify whether each patient
570 age 18-20 is included in the category of adult procedures or the category of pediatric procedures. An
571 applicant shall determine for each patient age 18-20 whether to record that patient as an adult or a
572 pediatric procedure, but an applicant shall record each patient age 18-20 in only 1 category.
573 (~~ii~~D) The applicant shall participate in a data collection network established and administered by the
574 Department or its designee. The data may include, but is not limited to, annual budget and cost information,
575 demographic and diagnostic information, primary and secondary diagnoses, whether the transplant
576 procedure was a first or repeat transplant procedure, length of stay, the volume of care provided to patients
577 from all payor sources, and other data requested by the Department and approved by the CON Commission.
578 The applicant shall provide the required data on an individual basis for each designated licensed site; in a
579 format established by the Department; and in a mutually-agreed upon media. The Department may elect to
580 verify the data through on-site review of appropriate records. In addition, an applicant shall report at least the
581 following data for each patient:
582 (~~A~~I) disease type.

(~~B~~II) transplant type, i.e., related allogeneic, unrelated allogeneic, and autologous.
(~~C~~III) source of hematopoietic stem cell, i.e., bone marrow, peripheral circulation, cord blood, etc.
(~~D~~IV) patient age, i.e., adult or pediatric as defined by these standards.
(~~E~~V) data on 100-day, 6-month, 1-year, 2-year, and 5-year survival rates.
(~~F~~VI) relapse rates at 6-months, 1-year, and 5-years post-transplant.
(~~G~~VII) median follow-up, and patients lost-to-followup.
(~~H~~VIII) cause(s) of death, if applicable.
(~~I~~IX) additional summary information, as applicable.

An applicant annually shall report for its BMT service annual and cumulative survival rates by type of transplant performed reported in actual number of transplants by disease category, transplant type, i.e., related allogeneic, unrelated allogeneic, and autologous; source of hematopoietic stem cell; patient age, i.e., adult or pediatric, as defined by these standards; and relapse rates at 100-days, 6-months, one year, and five years post-transplant. For purposes of these standards, procedure-related mortality is defined as death occurring within 100 days from BMT.

(~~iii~~E) The applicant shall maintain an organized institutional transplant registry for recording ongoing information on its patients being evaluated for transplant and on its transplant recipients and shall participate in the national and international registries applicable to the BMT service.

~~(iv) An applicant, to assure that the BMT service(s) will be utilized by all segments of the Michigan population, shall:~~

~~(A) not deny the services to any individual based on ability to pay or source of payment;~~

~~(B) provide the services to all individuals in accordance with the patient selection criteria developed by appropriate medical professionals, and approved by the Department; and~~

~~(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~~F) The ~~applicant~~ BMT SERVICE shall provide the Department with ~~a notice stating the date on which the first transplant procedure is performed and such notice shall be submitted to the Department~~TIMELY NOTICE OF THE PROPOSED PROJECT IMPLEMENTATION consistent with applicable statute and promulgated rules. A~~n~~ ~~applicant~~ BMT SERVICE that initially does not perform both allogeneic and autologous procedures also shall notify the Department when it begins to perform autologous procedures.

(~~vi~~G) An applicant shall notify the Department immediately if the consulting agreement required pursuant to Section 3(10) of these standards is terminated prior to the end of the first 36-months of operation of the BMT service. The notification shall include a statement describing the reasons for the termination. An applicant shall have 30 days following termination of that agreement to enter into a written consulting agreement that meets the requirements of Section 3(10). An applicant shall provide the Department with a copy of that written consulting agreement.

(~~vii~~H) The Department may use the information provided pursuant to Section 3(10) of these standards in evaluating compliance with the requirements of this section.

(~~2~~5) The agreements and assurances required by this section shall be in the form of a certification agreed to by the applicant or its authorized agent.

Section 8. Documentation of projections

Sec. 8. An applicant required to project volumes of service under Section 3 shall specify how the volume projections were developed. The applicant shall use relevant and unduplicated data for patients in the same planning area as the proposed BMT service, which are verifiable from the most recent statewide tumor registry. The applicant shall only include new cancer cases that are appropriate for referral for BMT services and from the age grouping of patients based on the type of service to be offered. This specification of projections shall include an assessment of the accuracy of projections, and of the statistical method used to make the projections. Based on this documentation, the Department shall determine if the projections are reasonable.

Section 9. ~~Health Service Areas~~

~~Sec. 9. Counties assigned to each health service area are as follows:~~

~~HSA~~	~~COUNTIES~~		
~~1~~	~~Livingston~~	~~Monroe~~	~~St. Clair~~
	~~Macomb~~	~~Oakland~~	~~Washtenaw~~
	~~Wayne~~		
~~2~~	~~Clinton~~	~~Hillsdale~~	~~Jackson~~
	~~Eaton~~	~~Ingham~~	~~Lenawee~~
~~3~~	~~Barry~~	~~Calhoun~~	~~St. Joseph~~
	~~Berrien~~	~~Cass~~	~~Van Buren~~
	~~Branch~~	~~Kalamazoo~~	
~~4~~	~~Allegan~~	~~Mason~~	~~Newaygo~~
	~~Ionia~~	~~Mecosta~~	~~Oceana~~
	~~Kent~~	~~Montcalm~~	~~Osceola~~
	~~Lake~~	~~Muskegon~~	~~Ottawa~~
~~5~~	~~Genesee~~	~~Lapeer~~	~~Shiawassee~~
~~6~~	~~Arenac~~	~~Huron~~	~~Roscommon~~
	~~Bay~~	~~Iosco~~	~~Saginaw~~
	~~Clare~~	~~Isabella~~	~~Sanilac~~
	~~Gladwin~~	~~Midland~~	~~Tuscola~~
	~~Gratiot~~	~~Ogemaw~~	
~~7~~	~~Alcona~~	~~Crawford~~	~~Missaukee~~
	~~Alpena~~	~~Emmet~~	~~Montmorency~~
	~~Antrim~~	~~Gd Traverse~~	~~Oscoda~~
	~~Benzie~~	~~Kalkaska~~	~~Otsego~~
	~~Charlevoix~~	~~Leelanau~~	~~Presque Isle~~
	~~Cheboygan~~	~~Manistee~~	~~Wexford~~
~~8~~	~~Alger~~	~~Gogebic~~	~~Mackinac~~
	~~Baraga~~	~~Houghton~~	~~Marquette~~
	~~Chippewa~~	~~Iron~~	~~Menominee~~
	~~Delta~~	~~Keweenaw~~	~~Ontonagon~~
	~~Dickinson~~	~~Luce~~	~~Schoolcraft~~

~~Section 10.~~ Department Inventory of BMT Services

Sec ~~10~~9. The Department shall maintain, and provide on request, a listing of the Department Inventory of BMT services.

Section ~~11~~10. Effect on prior CON Review Standards; comparative reviews

Sec. ~~11~~10. (1) These CON review standards supersede and replace the CON Review Standards for Extrarenal Organ Transplantation Services pertaining to BMT services approved by the CON Commission on ~~March 25~~SEPTEMBER 23, 2010 and effective on ~~May 28~~DECEMBER 3, 2010.

(2) Projects reviewed under these standards shall be subject to comparative review except for Section 4.

APPENDIX A

Counties assigned to each health service area are as follows:

HEALTH SERVICE AREA	COUNTIES		
1	Livingston	Monroe	St. Clair
	Macomb	Oakland	Washtenaw
	Wayne		
2	Clinton	Hillsdale	Jackson
	Eaton	Ingham	Lenawee
3	Barry	Calhoun	St. Joseph
	Berrien	Cass	Van Buren
	Branch	Kalamazoo	
4	Allegan	Mason	Newaygo
	Ionia	Mecosta	Oceana
	Kent	Montcalm	Osceola
	Lake	Muskegon	Ottawa
5	Genesee	Lapeer	Shiawassee
6	Arenac	Huron	Roscommon
	Bay	Iosco	Saginaw
	Clare	Isabella	Sanilac
	Gladwin	Midland	Tuscola
	Gratiot	Ogemaw	
7	Alcona	Crawford	Missaukee
	Alpena	Emmet	Montmorency
	Antrim	Gd Traverse	Oscoda
	Benzie	Kalkaska	Otsego
	Charlevoix	Leelanau	Presque Isle
	Cheboygan	Manistee	Wexford
8	Alger	Gogebic	Mackinac
	Baraga	Houghton	Marquette
	Chippewa	Iron	Menominee
	Delta	Keweenaw	Ontonagon
	Dickinson	Luce	Schoolcraft

Psychiatric Services Workgroup Summary

Report to CON Commission

Dr. Michael Sandler

09/27/2012

Overview of Workplan Items

1. **Consider options for increasing access to child/adolescent beds**
2. **Consider ability to relocate beds between existing licensed psychiatric hospitals**
3. **Consider modifications to the high occupancy requirements**

40+ Workgroup Members

Meetings- 6/27/2012 & 8/01/2012

Work Group Chair-

Dr. Michael Sandler

CON MDCH

Tulika Bhattacharya
Natalie Kellogg
L. Joette LaSeur
Andrea Moore
Brenda Rogers

CON Commissioner

Dr. Kathleen Cowling

Key Stakeholders & Participants:

Sari Abromovich
Umbrin Ateequi
Andy Ball
David Bell
Stephanie Brady
Dr. Janis Coates
Melissa Cupp
Ken Deighton
Mickey Dexter
Kelly Domagala
Arlene Elliott
Eric Fischer

Key Stakeholders & Participants, cont'd

Sean Gehle
Marcy Gilstad
Debra Hollander
Andy Hotaling
Kippen Karen
Cynthia Kelly
Joseph Kheder
Nancy List
Alexander Luvall
Dennis McCafferty
Shohn McNamara
Robert Meeker
Scott Miles
Mary Ann Morris
Robert Nykamp
Natasha Oxender
Iola Radtke
Steve Savage
Steven Szelag
Julie Szyska
Meg Tipton
Rhonda Wonch

Increasing access to child/adolescent beds

- Flex Bed Concept
  - Adult beds could be flexed to child beds in facilities with both child and adult programs
  - Must comply with all child psych bed requirements
  - Proposed flex concept developed by the Department
  - Unanimously accepted by workgroup and Department

Relocation of beds between existing licensed psychiatric facilities

- Allows for relocation of partial amount of a hospital's licensed beds, not requiring common ownership, to other licensed facilities within the planning area
- Allows bed movement without closing a service
- Enables beds to be placed in areas more likely to be utilized w/o increasing overall # of beds.
- Language unanimously accepted by workgroup and Department

High Occupancy Language Modifications

- Proposed to revise the current 24 month high occupancy time frame to 12 months (6/27/12)
- On 8/1/12, several participants spoke in support of retaining the 24 month period, however the majority of participants supported the change to 12 months and there was no clear consensus after discussion
- Participants with opposing viewpoints will present their opinions today during public comment

Proposed Language

- Technical issues and proposed language will be presented by the Department

Questions/ Comments?

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES

(By authority conferred on the CON 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. These standards are requirements for the approval ~~and delivery of psychiatric services~~ under Part 222 of the Code~~.~~ THAT INVOLVE (A) BEGINNING OPERATION OF A NEW PSYCHIATRIC SERVICE (B) REPLACING ~~n increase in~~ licensed psychiatric beds or ~~the~~ physicalLY relocati~~o~~nG LICENSED PSYCHIATRIC BEDS from ~~a~~ ONE licensed site to another geographic location ~~is~~ OR (C) INCREASING LICENSED ~~a~~ PSYCHIATRIC BEDS ~~change in bed capacity for the~~WITHIN A PSYCHIATRIC HOSPITAL OR UNIT LICENSED UNDER THE MENTAL HEALTH CODE, 1974 PA 258, OR (D) ACQUIRING A PSYCHIATRIC SERVICE ~~purposes of~~ PURSUANT TO Part 222 of the Code. ~~Pursuant to Part 222 of the Code, a~~ A psychiatric hospital or unit is a covered health facility. The Department shall use these standards in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and Section 22225(2)(c) of the code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

(2) AN INCREASE IN LICENSED HOSPITAL BEDS IS A CHANGE IN BED CAPACITY FOR PURPOSES OF PART 222 OF THE CODE.

(3) THE PHYSICAL RELOCATION OF HOSPITAL BEDS FROM A LICENSED SITE TO ANOTHER GEOGRAPHIC LOCATION IS A CHANGE IN BED CAPACITY FOR PURPOSES OF PART 222 OF THE CODE.

Section 2. Definitions

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

(a) "Acquisition of a psychiatric hospital or unit" means the issuance of a new license as the result of the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing licensed psychiatric hospital or unit and which does not involve a change in the number of licensed psychiatric beds at that health facility.

(b) “Adult” means any individual aged 18 years or older.

(c) "Base year" means ~~1992 or~~ the most recent year for which verifiable data are collected by the Department and are available separately for the population age cohorts of 0 to 17 and 18 and older.

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

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

(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 referenced in the provisions of MCL 330.1200 to 330.1246.

(h) "Comparative group" means the applications which have been grouped for the same type of project in the same planning area and are being reviewed comparatively in accordance with the CON rules.

(i) "Department" means the Michigan Department of Community Health (MDCH).

(j) "Department inventory of beds" means the current list maintained FOR EACH PLANNING AREA ON A CONTINUING BASIS by the Department which includes:

(i) licensed adult and child/adolescent psychiatric beds; and

(ii) adult and child/adolescent psychiatric beds approved by a valid CON, which are not yet licensed.

A separate inventory will be maintained for child/adolescent beds and adult beds.

(k) "Existing adult inpatient psychiatric beds" or "existing adult beds" means:

(i) all adult beds in psychiatric hospitals or units licensed by the Department pursuant to the Mental Health Code;

(ii) all adult beds approved by a valid CON, which are not yet licensed;

(iii) proposed adult beds under appeal from a final Department decision, or pending a hearing from a proposed decision; and

(iv) proposed adult beds that are part of a completed application (other than the application or applications in the comparative group under review) which are pending final Department decision.

(l) "Existing child/adolescent inpatient psychiatric beds" or "existing child/adolescent beds" means:

(i) all child/adolescent beds in psychiatric hospitals or units licensed by the Department pursuant to the Mental Health Code;

(ii) all child/adolescent beds approved by a valid CON, which are not yet licensed;

(iii) proposed child/adolescent beds under appeal from a final Department decision, or pending a hearing from a proposed decision; and

(iv) proposed child/adolescent beds that are part of a completed application (other than the application or applications in the comparative group under review) which are pending final Department decision.

(M) "FLEX BED" MEANS AN EXISTING ADULT PSYCHIATRIC BED CONVERTED TO A CHILD/ADOLESCENT PSYCHIATRIC BED IN AN EXISTING CHILD/ADOLESCENT PSYCHIATRIC SERVICE TO ACCOMMODATE DURING PEAK PERIODS AND MEET PATIENT DEMAND.

(~~m~~N) "Initiation of service" means the establishment of an inpatient psychiatric unit with a specified number of beds at a site not currently providing psychiatric services.

(~~n~~O) "Involuntary commitment status" means a hospital admission effected pursuant to the provisions of MCL 330.1423 to 330.1429.

(~~o~~P) "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~~.

(~~p~~Q) "Medicaid" means title XIX of the Social Security Act, chapter 531, 49 Stat. 620, 1396~~r-6~~ TO ~~and~~1396~~r-8~~G AND 1396I to ~~1396v~~1396U.

(~~q~~R) "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~~S) "Mental health professional" means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is any 1 of the following:

(i) a physician who is licensed to practice medicine or osteopathic medicine and surgery 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 who is licensed in Michigan pursuant to the provisions of MCL 333.16101 to 333.18838;

(iii) a licensed master's social worker licensed in Michigan Pursuant to the provisions of MCL 333.16101 to 333.18838;

(iv) a registered nurse who is licensed in Michigan pursuant to the provisions of MCL 333.16101 to 333.18838;

(v) a licensed professional counsel or licensed in Michigan pursuant to the provisions of MCL 333.16101 to 333.18838;

(vi) a marriage and family therapist licensed in Michigan pursuant to the provisions of MCL 333.16101 to 333.18838;

(vii) 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 or a director of a facility

operated by the Department 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~~T) "Mental health service" means the provision of mental health care in a protective environment with mental illness or mental retardation, including, but not limited to, chemotherapy and individual and group therapies pursuant to MCL 330.2001.

(~~t~~U) "Non-renewal or revocation of license" means the Department did not renew or revoked the psychiatric hospital's or unit's license based on the hospital's or unit's failure to comply with state licensing standards.

(~~u~~V) "Non-renewal or termination of certification" means the psychiatric hospital's or unit's Medicare and/or Medicaid certification was terminated or not renewed based on the hospital's or unit's failure to comply with Medicare and/or Medicaid participation requirements.

(~~v~~W) "Offer" means to provide inpatient psychiatric services to patients.

(~~w~~X) "Physician" means an individual licensed in Michigan to engage in the practice of medicine or osteopathic medicine and surgery pursuant to MCL 333.16101 to 333.18838.

(~~x~~Y) "Planning area" means the geographic boundaries of the groups of counties shown in Section ~~15~~17.

(~~y~~Z) "Planning year" means ~~1990 or~~ a year in the future, at least 3 years but no more than 7 years, ~~established by the CON Commission~~ for which inpatient psychiatric bed needs are developed. The planning year shall be a year for which official population projections from the Department of TECHNOLOGY, Management and Budget OR ITS DESIGNEE are available.

(~~z~~AA) "Psychiatric hospital" means an inpatient program operated by the Department for the treatment of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or psychiatric unit licensed under ~~Section 137,~~ pursuant to MCL 330.~~1100~~1137.

(~~aa~~BB) "Psychiatrist" means 1 or more of the following, pursuant to MCL 330.1100C:

(i) a physician who has completed a residency program in psychiatry approved by the Accreditation Council for Graduate Medical Education or The American Osteopathic Association, or who has completed 12 months of psychiatric rotation and is enrolled in an approved residency program;

(ii) a psychiatrist employed by or under contract with the Department or a community health services program on March 28, 1996;

(iii) a physician who devotes a substantial portion of his or her time to the practice of psychiatry and is approved by the Director.

(~~bb~~CC) "Psychiatric unit" means a unit of a general hospital that provides inpatient services for individuals with serious mental illness or serious emotional disturbances pursuant to MCL 330.1100C.

(~~cc~~DD) "Psychologist" means an individual licensed to engage in the practice of psychology, who devotes a substantial portion of his or her time to the diagnosis and treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability, pursuant to MCL 333.16101 to 333.18838.

(~~dd~~EE) "Public patient" means an individual approved for mental health services by a CMH 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.

(~~ee~~FF) "Qualifying project" means each application in a comparative group which has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other applicable requirements for approval in the Code and these standards.

(~~ff~~GG) "Registered professional nurse" or "R.N." means an individual licensed in Michigan pursuant to the provisions of MCL 333.16101 to 333.18838.

(~~gg~~HH) "RELOCATE EXISTING LICENSED INPATIENT PSYCHIATRIC BEDS" MEANS A CHANGE IN THE LOCATION OF EXISTING INPATIENT PSYCHIATRIC BEDS FROM THE EXISTING LICENSED PSYCHIATRIC HOSPITAL SITE TO A DIFFERENT EXISTING LICENSED PSYCHIATRIC HOSPITAL SITE WITHIN THE SAME PLANNING AREA. THIS DEFINITION DOES NOT APPLY TO PROJECTS

INVOLVING REPLACEMENT BEDS IN A PSYCHIATRIC HOSPITAL OR UNIT GOVERNED BY SECTION 7 OF THESE STANDARDS.

(~~HH~~II) "Replace~~ment~~ beds" means A CHANGE IN THE LOCATION OF THE LICENSED ~~beds in a~~ psychiatric hospital or unit, OR THE REPLACEMENT OF A PORTION OF THE LICENSED BEDS AT THE SAME LICENSED SITE. ~~which meet all of the following conditions:~~

~~(i) an equal or greater number of beds are currently licensed to the applicant at the current licensed site;~~

~~(ii) t~~ The beds ~~are proposed for replacement~~WILL BE in new physical plant space being developed in new construction or in newly acquired space (purchase, lease, donation, ~~or other comparable arrangement~~ETC.)~~; and~~

~~(iii) the beds to be replaced will be located~~ WITHin the replacement zone.

(~~hh~~JJ) "Replacement zone" means a proposed licensed site ~~which~~ THAT is:

(i) in the same planning area as the existing licensed site; and

(ii) on the same site, on a contiguous site, or on a site within 15 miles of the existing licensed site.

(ii) "Social worker" means an individual registered in Michigan to engage in social work under the provisions of MCL 333.18501.

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

Section 3. Determination of needed inpatient psychiatric bed supply

Sec. 3. (1) Until changed by the Commission in accordance with ~~Section 4(3) and~~ Section 5, the use rate for the base year for the population age 0-17 is set forth in Appendix ~~D~~B.

(2) The number of child/adolescent inpatient psychiatric beds needed in a planning area shall be determined by the following formula:

(a) Determine the population for the planning year for each separate planning area for the population age 0-17.

(b) Multiply the population by the use rate established in Appendix ~~D~~B. The resultant figure is the total patient days.

(c) Divide the total patient days obtained in subsection (b) by 365 (or 366 for leap years) to obtain the projected average daily census (ADC).

(d) Divide the ADC by 0.75.

(e) For each planning area, all psychiatric hospitals or units with an average occupancy of 60% or less for the previous 24 months will have the ADC, for the previous 24 months, multiplied by 1.7. The net decrease from the current licensed beds will give the number to be added to the bed need.

(f) The adjusted bed need for the planning area is the sum of the results of subsections (d) and (e). ROUND UP TO THE NEAREST WHOLE NUMBER.

(3) The number of needed adult inpatient psychiatric beds shall be determined by multiplying the population aged 18 years and older for the planning year for each planning area by either:

(a) The ratio of adult beds per 10,000 adult population set forth in Appendix ~~C~~A; or

(b) The statewide ratio of adult beds per 10,000 adult population set forth in Appendix ~~C~~A, whichever is lower; and dividing the result by 10,000. If the ratio set forth in Appendix ~~C~~ A for a specific planning area is "0", the statewide ratio of adult beds per 10,000 adult population shall be used to determine the number of needed adult inpatient psychiatric beds.

(c) For each planning area, an addition to the bed need will be made for low occupancy facilities. All psychiatric hospitals or units with an average occupancy of 60% or less for the previous 24 months will have the ADC, for the previous 24 months, multiplied by 1.5. The net decrease from the current licensed beds will give the number to be added to the bed need.

(d) The adjusted bed need for the planning area is the sum of the results of subsections (b) and (c).

Section 4. Bed need for inpatient psychiatric beds

Sec. 4. (1) ~~For purposes of these standards, until otherwise changed by the Commission, t~~The bed need numbers determined pursuant to Section 3~~, incorporated as part of these standards as Appendices A and B, as applicable,~~ shall apply to projects subject to review under these standards, except where a specific CON review standard states otherwise.

(2) The Department shall apply the bed need methodologies in Section 3 on a biennial basis.

~~(3) The Commission shall designate the planning year, and, for child/adolescent beds, the base year, which shall be utilized in applying the bed need methodologies pursuant to subsection (2).~~

(~~4~~3) The effective date of the bed need numbers shall be established by the Commission.

(~~5~~4) New bed need numbers ~~established by subsections (2) and (3)~~ shall supercede ~~the~~ PREVIOUS bed need numbers ~~shown in Appendices A and B~~ and shall be ~~included as amended appendices to these standards~~POSTED ON THE STATE OF MICHIGAN CON WEB SITE AS PART OF THE PSYCHIATRIC BED INVENTORY.

(~~6~~5) Modifications made by the Commission pursuant to this Section shall not require Standard Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the Governor in order to become effective.

Section 5. Modification of the child/adolescent use rate by changing the base year

Sec. 5. (1) The Commission may modify the base year based on data obtained from the Department and presented to the Commission. The Department shall calculate the use rate for the population age 0-17 and biennially present the revised use rate based on the most recent base year information available biennially to the CON Commission.

(2) The Commission shall establish the effective date of the modifications made pursuant to subsection (1).

(3) Modifications made by the Commission pursuant to subsection (1) shall not require Standard Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the Governor in order to become effective.

Section 6. Requirements for approval to initiate service

Sec. 6. An applicant proposing the initiation of an adult or child/adolescent psychiatric service shall demonstrate or provide the following:

(1) The number of beds proposed in the CON application ~~cannot~~ SHALL not result in the number of existing adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need ~~set forth in Appendix A or B, as applicable~~. However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the planning area ~~set forth in Appendix A or B~~, the difference is equal to or more than 1 or less than 10.

(2) A written recommendation, from the Department or the CMH that serves the county in which the proposed beds or service will be located, ~~which~~ shall include an agreement to enter into a contract to meet the needs of the public patient. At a minimum, the letter of agreement shall specify the number of beds to be allocated to the public patient and the applicant's intention to serve patients with an involuntary commitment status.

(3) The number of beds proposed in the CON application to be allocated for use by public patients shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct response to a Department plan pursuant to subsection (5) shall allocate not less than 80% of the beds proposed in the CON application.

(4) The minimum number of beds in a psychiatric unit shall be at least 10 beds. If a psychiatric unit has or proposes to operate both adult and child/adolescent beds, each unit shall have a minimum of 10 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant demonstrates to the satisfaction of the Department, that travel time to existing units would significantly limit access to care.

(5) An applicant shall not be required to be in compliance with subsection (1) if the applicant demonstrates that the application meets both of the following:

(a) The Director of the Department determines that an exception to subsection (1) should be made and certifies in writing that the proposed project is a direct response to a Department plan for reducing the use of public institutions for acute mental health care through the closure of a state-owned psychiatric hospital; and

(b) The proposed beds will be located in the area currently served by the public institution that will be closed, as determined by the Department.

Section 7. Requirements for approval TO replace beds

Sec. 7. An applicant proposing TO replace beds shall not be required to be in compliance with the needed bed supply if the applicant demonstrates all of the following:

(1) The APPLICANT SHALL SPECIFY WHETHER THE PROPOSED PROJECT IS TO REPLACE THE EXISTING LICENSED PSYCHIATRIC HOSPITAL OR UNIT TO A NEW SITE OR TO REPLACE A PORTION OF THE LICENSED PSYCHIATRIC BEDS AT THE EXISTING LICENSED SITE.

(2) The proposed licensed site is in the replacement zone.

(3) Not less than 50% of the beds proposed to be replaced shall be allocated for use by public patients.

(4) Previously made commitments, if any, to the Department or CMH to serve public patients have been fulfilled.

(5) Proof of current contract or documentation of contract renewal, if current contract is under negotiation, with the CMH or its designee that serves the planning area in which the proposed beds or service will be located.

Section 8. Requirements for approval OF AN APPLICANT PROPOSING TO RELOCATE EXISTING LICENSED INPATIENT psychiatric BEDS

Sec. 8.(1) THE PROPOSED PROJECT TO RELOCATE BEDS, UNDER THIS SECTION, SHALL CONSTITUTE A CHANGE IN BED CAPACITY UNDER SECTION 1(3) OF THESE STANDARDS.

(2) ANY EXISTING LICENSED INPATIENT PSYCHIATRIC HOSPITAL OR UNIT MAY RELOCATE ALL OR A PORTION OF ITS BEDS TO ANOTHER EXISITNG LICENSED INPATIENT PSYCHIATRIC HOSPITAL OR UNIT LOCATED WITHIN THE SAME PLANNING AREA.

(3) THE INPATIENT PSYCHIATRIC HOSPITAL OR UNIT FROM WHICH THE BEDS ARE BEING RELOCATED, AND THE INPATIENT PSYCHIATRIC HOSPITAL OR UNIT RECEIVING THE BEDS, SHALL NOT REQUIRE ANY OWNDERSHIP RELATIONSHIP.

(4) THE RELOCATED BEDS SHALL BE LICENSED TO THE RECEIVING INPATIENT PSYCHIATRIC HOSPITAL OR UNIT AND WILL BE COUNTED IN THE INVENTORY FOR THE APPLICABLE PLANNING AREA.

(5) THE RELOCATION OF BEDS UNDER THIS SECTION SHALL NOT BE SUBJECT TO A MILEAGE LIMITATION.

(6) THE RELOCATION OF BEDS UNDER THIS SECTION SHALL NOT RESULT IN INITIATION OF A NEW ADULT OR CHILD/ADOLESCENT SERVICE.

Section ~~7~~9. Requirements for approval to increase beds

Sec. ~~7~~ 9 An applicant proposing an increase in the number of adult or child/adolescent beds shall demonstrate or provide the following:

(1) The number of beds proposed in the CON application will not result in the number of existing adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need ~~set forth in Appendix A or B, as applicable~~. However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the planning area ~~set forth in Appendix A or B~~, the difference is equal to or more than 1 or less than 10.

(2) The average occupancy rate for the applicant's facility, where the proposed beds are to be located, was at least 70% for adult or child/adolescent beds, as applicable, during the most recent, consecutive ~~24~~ 12-month period, as of the date of the submission of the application, for which verifiable data are available to the Department. FOR PURPOSES OF THIS SECTION, AVERAGE OCCUPANCY RATE SHALL BE CALCULATED AS FOLLOWS:
(A) DIVIDE THE NUMBER OF PATIENT DAYS OF CARE PROVIDED BY THE TOTAL NUMBER OF PATIENT DAYS, THEN MULTIPLY THE RESULT BY 100.

(3) Subsections (1) and (2) shall not apply if ALL OF the following are met:
(a) The number of existing adult or child/adolescent psychiatric beds in the planning area is equal to or exceeds the bed need ~~set forth in Appendix A or B, as applicable~~.
(b) The beds are being added at the existing licensed site.
(c) The average occupancy rate for the applicant's facility was at least 75% for facilities with 19 beds or less and 80% for facilities with 20 beds or more, as applicable, during the most recent, consecutive ~~24~~ 12-month period, as of the date of the submission of the application, for which verifiable data are available to the Department.
~~(d) The number of beds being added shall not exceed the results of the following formula :~~
~~the facility's average daily census for the most recent, consecutive 24 12-month period, as of the date of the submission of the application, for which verifiable data are available to the Department multiplied by 1.5 for adult beds and 1.7 for child/adolescent beds.~~

(i) FOR A FACILTIY WITH FLEX BEDS,
(A) CALCULATE THE AVERAGE OCCUPANCY RATE AS FOLLOWS:
(1) FOR ADULT BEDS:
(a) ADULT BED DAYS ARE THE NUMBER OF LICENSED ADULT BEDS MULTIPLIED BY THE NUMBER OF DAYS THEY WERE LICENSED DURING THE MOST RECENT CONSECUTIVE 12-MONTH PERIOD,
(b) FLEX BED DAYS ARE THE NUMBER OF LICENSED FLEX BEDS MULTIPLIED BY THE NUMBER OF DAYS THE BEDS WERE USED TO SERVE A CHILD/ ADOLESCENT PATIENT.
(c) SUBTRACT THE FLEX BED DAYS FROM THE ADULT BED DAYS AND DIVIDE THE ADULT PATIENT DAYS OF CARE BY THIS NUMBER, THEN MULTIPLY THE RESULT BY 100.

377 (2) FOR CHILD/ADOLESCENT BEDS:
378 (a) CHILD/ADOLESCENT BED DAYS ARE THE NUMBER OF LICENSED CHILD/ADOLESCENT
379 BEDS MULTIPLIED BY THE NUMBER OF DAYS THEY WERE LICENSED DURING THE MOST
380 RECENT 12-MONTH PERIOD.
381 (b) FLEX BED DAYS ARE THE NUMBER OF LICENSED FLEX BEDS MULTIPLIED BY THE
382 NUMBER OF DAYS THE BEDS WERE USED TO SERVE A CHILD/ ADOLESCENT PATIENT.
383 (c) ADD THE FLEX BED DAYS TO THE CHILD/ADOLESCENT BED DAYS AND DIVIDE THE
384 CHILD/ADOLESCENT PATIENT DAYS OF CARE BY THIS NUMBER, THEN MULTIPLY THE RESULT
385 BY 100.
386 (d) THE NUMBER OF BEDS TO BE ADDED SHALL NOT EXCEED THE RESULTS OF THE
387 FOLLOWING FORMULA:
388 (i) MULTIPLY THE FACILITY'S AVERAGE DAILY CENSUS FOR THE MOST RECENT,
389 CONSECUTIVE 12-MONTH PERIOD, AS OF THE DATE OF THE SUBMISSION OF THE
390 APPLICATION, FOR WHICH VERIFIABLE DATA ARE AVAILABLE TO THE DEPARTMENT BY 1.5 FOR
391 ADULT BEDS AND 1.7 FOR CHILD/ADOLESCENT BEDS.
392 (ii) SUBTRACT THE NUMBER OF CURRENTLY LICENSED BEDS FROM THE NUMBER
393 CALCULATED IN (I) ABOVE. THIS IS THE MAXIMUM NUMBER OF BEDS THAT MAY BE APPROVED
394 PURSUANT TO THIS SUBSECTION.
395
396 (4) Proof of current contract or documentation of contract renewal, if current contract is under
397 negotiation, with at least one CMH or its designee that serves the planning area in which the proposed
398 beds or service will be located.
399
400 (5) Previously made commitments, if any, to the Department or CMH to serve public patients have
401 been fulfilled.
402
403 (6) The number of beds proposed in the CON application to be allocated for use by public patients
404 shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct
405 response to a Department plan pursuant to subsection (9) shall allocate not less than 80% of the beds
406 proposed in the CON application.
407
408 (7) The minimum number of beds in a psychiatric unit shall be at least 10 beds. If a psychiatric unit
409 has or proposes to operate both adult and child/adolescent beds, then each unit shall have a minimum of
410 10 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant
411 demonstrates, to the satisfaction of the Department, that travel time to existing units would significantly
412 impair access to care.
413
414 (8) Subsection (2) shall not apply if the Director of the Department has certified in writing that the
415 proposed project is a direct response to a Department plan for reducing the use of public institutions for
416 acute mental health care through the closure of a state-owned psychiatric hospital.
417
418 (9) An applicant shall not be required to be in compliance with subsection (1) if the applicant
419 demonstrates that the application meets both of the following:
420 (a) The Director of the Department determines that an exception to subsection (1) should be made
421 and certifies in writing that the proposed project is a direct response to a Department plan for reducing the
422 use of public institutions for acute mental health care through the closure of a state-owned psychiatric
423 hospital; and
424 (b) The proposed beds will be located in the area currently served by the public institution that will be
425 closed as determined by the Department.
426
427 (10) AN APPLICANT PROPOSING TO ADD NEW ADULT AND/OR CHILD/ADOLESCENT
428 PSYCHIATRIC BEDS, AS THE RECEIVING LICENSED INPATIENT PSYCHIATRIC HOSPITAL OR
429 UNIT UNDER SECTION 8, SHALL DEMONSTRATE THAT IT MEETS ALL OF THE REQUIREMENTS
430 OF THIS SUBSECTION AND SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE BED

NEED IF THE APPLICATION MEETS ALL OTHER APPLICABLE CON REVIEW STANDARDS AND AGREES AND ASSURES TO COMPLY WITH ALL APPLICABLE PROJECT DELIVERY REQUIREMENTS.

(A) THE APPROVAL OF THE PROPOSED NEW INPATIENT PSYCHIATRIC BEDS SHALL NOT RESULT IN AN INCREASE IN THE NUMBER OF LICENSED INPATIENT PSYCHIATRIC BEDS IN THE PLANNING AREA.

(B) THE APPLICANT MEETS THE REQUIREMENTS OF SUBSECTIONS (4), (5), (6), AND (7) ABOVE.

(C) THE PROPOSED PROJECT TO ADD NEW ADULT AND/OR CHILD ADOLESCENT PSYCHIATRIC BEDS, UNDER THIS SUBSECTION, SHALL CONSTITUTE A CHANGE IN BED CAPACITY UNDER SECTION 1(2) OF THESE STANDARDS.

(D) APPLICANTS PROPOSING TO ADD NEW ADULT AND/OR CHILD/ADOLESCENT PSYCHIATRIC BEDS UNDER THIS SUBSECTION SHALL NOT BE SUBJECT TO COMPARATIVE REVIEW.

~~**Section 8. Requirements for approval for TO replacement beds**~~

~~Sec. 8. An applicant proposing TO replacement beds shall not be required to be in compliance with the needed bed supply set forth in Appendix A or B, as applicable, if the applicant demonstrates all of the following:~~

~~(1) The project proposes to replace an equal or lesser number of beds currently licensed to the applicant at the licensed site at which the proposed replacement beds are currently located.~~

~~(2) The proposed licensed site is in the replacement zone.~~

~~(3) Not less than 50% of the beds proposed to be replaced shall be allocated for use by public patients.~~

~~(4) Previously made commitments, if any, to the Department or CMH to serve public patients have been fulfilled.~~

~~(5) Proof of current contract or documentation of contract renewal, if current contract is under negotiation, with the CMH or its designee that serves the planning area in which the proposed beds or service will be located.~~

SECTION 10. REQUIREMENTS FOR APPROVAL FOR FLEX BEDS

SEC. 10. AN APPLICANT PROPOSING FLEX BEDS SHALL DEMONSTRATE THE FOLLOWING AS APPLICABLE TO THE PROPOSED PROJECT:

(1) THE APPLICANT HAS EXISTING ADULT PSYCHIATRIC BEDS AND EXISTING CHILD/ADOLESCENT PSYCHIATRIC BEDS.

(2) THE NUMBER OF FLEX BEDS PROPOSED IN THE CON APPLICATION SHALL NOT RESULT IN THE EXISTING ADULT PSYCHIATRIC UNIT TO BECOME NON-COMPLIANT WITH THE MINIMUM SIZE REQUIREMENTS WITHIN SECTION 6 (4).

(3) THE APPLICANT SHALL MEET ALL APPLICABLE SECTIONS OF THE STANDARDS.

(4) THE FACILITY SHALL BE IN COMPLIANCE AND MEET ALL DESIGN STANDARDS OF THE MOST RECENT MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES IN MICHIGAN.

(5) THE APPLICANT SHALL CONVERT THE BEDS BACK TO ADULT INPATIENT PSYCHIATRIC BEDS IF THE BED HAS NOT BEEN USED AS A FLEX BED SERVING A CHILD/ADOLESCENT PATIENT FOR A CONTINUOUS 12-MONTH PERIOD OR IF THE CON APPLICATION IS WITHDRAWN.

Section ~~9~~11. Requirements for approval for acquisition of a psychiatric hospital or unit

Sec. ~~9~~11. An applicant proposing to acquire a psychiatric hospital or unit shall not be required to be in compliance with the needed bed supply set forth in Appendix A or B, as applicable, for the planning area in which the psychiatric hospital or unit subject to the proposed acquisition is located, if the applicant demonstrates that all of the following are met:

(1) The acquisition will not result in a change in the number of licensed beds or beds designated for a child/adolescent specialized psychiatric program.

(2) The licensed site does not change as a result of the acquisition.

Section ~~10~~12. Additional requirements for applications included in comparative review

Sec. ~~10~~12. (1) Any application subject to comparative review under Section 22229 of the Code being Section 333.22229 of the Michigan Compiled Laws or these standards shall be grouped and reviewed with other applications in accordance with the CON rules applicable to comparative review.

(2) Each application in a comparative group shall be individually reviewed to determine whether the application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards. If the Department determines that two or more competing applications satisfy all of the requirements for approval, these projects shall be considered qualifying projects. The Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1) of the Code, and which have the highest number of points when the results of subsection (3) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, when taken together, do not exceed the need, in the order in which the applications were received by the Department, based on the date and time stamp placed on the applications by the Department in accordance with rule 325.9123.

(3)(a) A qualifying project application will be awarded 5 points if, within six months of beginning operation and annually thereafter, 100% of the licensed psychiatric beds (both existing and proposed) at the facility will be Medicaid certified.

(b) A qualifying project will have 4 points deducted if, on or after November 26, 1995, the records maintained by the Department document that the applicant was required to enter into a contract with either the Department or a CMH to serve the public patient and did not do so.

(c) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records maintained by the Department document that the applicant entered into a contract with MDCH or CMH but never admitted any public patients referred pursuant to that contract.

(d) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records maintained by the Department document that an applicant agreed to serve patients with an involuntary commitment status but has not admitted any patients referred with an involuntary commitment status.

(e) A qualifying project will be awarded 3 points if the applicant presents, in its application, a plan, acceptable to the Department, for the treatment of patients requiring long-term treatment. For purposes of this subsection, long-term treatment is defined to mean an inpatient length of stay in excess of 45 days.

(f) A qualifying project will be awarded 3 points if the applicant currently provides a partial hospitalization psychiatric program, outpatient psychiatric services, or psychiatric aftercare services, or the applicant includes any of these services as part of their proposed project, as demonstrated by site plans and service contracts.

539 (g) A qualifying project will have 4 points deducted if the Department has issued, within three years
540 prior to the date on which the CON application was deemed submitted, a temporary permit or provisional
541 license due to a pattern of licensure deficiencies at any psychiatric hospital or unit owned or operated by
542 the applicant in this state.
543 (h) A qualifying project will have points awarded based on the percentage of the hospital's indigent
544 volume as set forth in the following table.
545
546 | Hospital Indigent Volume | Points Awarded |
547 |---|---|
548
549 | 0 - <6% | 1 |
550 | 6 - <11% | 2 |
551 | 11 - <16% | 3 |
552 | 16 - <21% | 4 |
553 | 21 - <26% | 5 |
554 | 26 - <31% | 6 |
555 | 31 - <36% | 7 |
556 | 36 - <41% | 8 |
557 | 41 - <46% | 9 |
558 | 46% + | 10 |
559
560 For purposes of this subsection, indigent volume means the ratio of a hospital's indigent charges to its
561 total charges expressed as a percentage as determined by the Department pursuant to Chapter VIII of the
562 Medical Assistance Program manual. The indigent volume data being used for rates in effect at the time
563 the application is deemed submitted will be used by the Department in determining the number of points
564 awarded to each qualifying project.
565 (i) A qualifying project will have points deducted based on the applicant's record of compliance with
566 applicable safety and operating standards for any psychiatric hospital or unit owned and/or operated by
567 the applicant in this state. Points shall be deducted in accordance with the following schedule if, on or
568 after November 26, 1995, the Department records document any non-renewal or revocation of license for
569 cause or non-renewal or termination of certification for cause of any psychiatric hospital or unit owned or
570 operated by the applicant in this state.
571
572 | Psychiatric Hospital/Unit Compliance Action | Points Deducted |
573 |---|---|
574
575 | Non-renewal or revocation of license | 4 |
576
577 | Non-renewal or termination of: | |
578
579 | Certification - Medicare | 4 |
580 | Certification - Medicaid | 4 |
581
582 (4) Submission of conflicting information in this section may result in a lower point award. If an
583 application contains conflicting information which could result in a different point value being awarded in
584 this section, the Department will award points based on the lower point value that could be awarded from
585 the conflicting information. For example, if submitted information would result in 6 points being awarded,
586 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If
587 the conflicting information does not affect the point value, the Department will award points accordingly.
588 For example, if submitted information would result in 12 points being awarded and other conflicting
589 information would also result in 12 points being awarded, then 12 points will be awarded.
590

Section ~~11~~13. Requirements for approval ~~for --~~ all applicants

Sec. ~~11~~13. (1) An applicant shall provide verification of Medicaid participation. An applicant that is a new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided to the Department within six (6) months from the offering of services if a CON is approved.

(2) The applicant certifies all outstanding debt obligations owed to the State of Michigan for Quality Assurance Assessment Program (QAAP) or Civil Monetary Penalties (CMP) have been paid in full.

(3) The applicant certifies that the health facility for the proposed project has not been cited for a state or federal code deficiency within the 12 months prior to the submission of the application. If a code deficiency has been issued, then the applicant shall certify that a plan of correction for cited state or federal code deficiencies at the health facility has been submitted and approved by the Bureau of Health Systems within the Department or, as applicable, the Centers for Medicare and Medicaid Services. If code deficiencies include any unresolved deficiencies still outstanding with the Department or the Centers for Medicare and Medicaid Services that are the basis for the denial, suspension, or revocation of an applicant's health facility license, poses an immediate jeopardy to the health and safety of patients, or meets a federal conditional deficiency level, the proposed project cannot be approved without approval from the Bureau of Health Systems.

Section ~~12~~14. Project delivery requirements - terms of approval for all applicants

Sec. ~~12~~14. ~~(1)~~ An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of CON approval:

(~~a~~1) Compliance with these standards.

~~(b) Compliance with applicable operating standards in the Mental Health Code or the administrative rules promulgated there under.~~

(~~c~~2) Compliance with the following applicable quality assurance standards:

~~(i) The average occupancy rate for all licensed beds at the psychiatric hospital or unit shall be at least 60 percent (%) for adult beds and 40 percent (%) for child/adolescent beds for the second 12 months of operation, and annually thereafter. After the second 12 months of operation, if the average occupancy rate is below 60% for adult beds or 40% for child/adolescent beds, the number of beds shall be reduced to achieve a minimum of 60% average annual occupancy for adult beds or 40% annual average occupancy for child/adolescent beds for the revised licensed bed complement. However, the psychiatric hospital or unit shall not be reduced to less than 10 beds.~~

(~~ii~~C) The proposed licensed psychiatric beds shall be operated in a manner that is appropriate for a population with the ethnic, socioeconomic, and demographic characteristics including the developmental stage of the population to be served.

(~~iii~~D) 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.

(~~iv~~E) The applicant shall develop a standard procedure for determining, at the time the patient first presents himself or herself for admission or within 24 hours after admission, whether an alternative to inpatient psychiatric treatment is appropriate.

(~~v~~F) The inpatient psychiatric hospital or unit shall provide clinical, administrative, and support services that will be at a level sufficient to accommodate patient needs and volume, and will be provided seven days a week to assure continuity of services and the capacity to deal with emergency admissions.

(3) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:

(A) The applicant shall provide the Department with a notice stating the date the beds or services are placed in operation and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules.
(B) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:
(C) Not deny acute inpatient 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;
(D) Provide acute inpatient mental health services to any individual based on clinical indications of need for the services;

(4) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS:
(~~vi~~a) The average occupancy rate for all licensed beds at the psychiatric hospital or unit shall be at least 60 percent (%) for adult beds and 40 percent (%) for child/adolescent beds for the second 12 months of operation, and annually thereafter.
(i) CALCULATE AVERAGE OCCUPANCY RATE FOR ADULT BEDS AS FOLLOWS:
(A) ADD THE NUMBER OF ADULT PATIENT DAYS OF CARE TO THE NUMBER OF CHILD/ADOLESCENT PATIENT DAYS OF CARE PROVIDED IN THE FLEX BEDS; DIVIDE THIS NUMBER BY THE ADULT BED DAYS, THEN MULTIPLY THE RESULT BY 100.
(ii) CALCULATE AVERAGE OCCUPANCY RATE FOR CHILD/ADOLESCENT BEDS AS FOLLOWS:
(A) SUBTRACT THE NUMBER OF CHILD/ADOLESCENT PATIENT DAYS OF CARE PROVIDED IN THE FLEX BEDS FROM THE NUMBER OF CHILD ADOLESCENT PATIENT DAYS OF CARE; DIVIDE THIS NUMBER BY THE CHILD/ADOLESCENT BED DAYS, THEN MULTIPLY THE RESULT BY 100.
(b) FLEX BEDS APPROVED UNDER SECTION 10 SHALL BE COUNTED AS EXISTING ADULT INPATIENT PSYCHIATRIC BEDS.
(c) After the second 12 months of operation, if the average occupancy rate is below 60% for adult beds or 40% for child/adolescent beds, the number of beds shall be reduced to achieve a minimum of 60% average annual occupancy for adult beds or 40% annual average occupancy for child/adolescent beds for the revised licensed bed complement. However, the psychiatric hospital or unit shall not be reduced to less than 10 beds.
(d) The applicant shall participate in a data collection network established and administered by the Department or its designee. 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; and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.
~~(vii) The applicant shall provide the Department with a notice stating the date the beds or services are placed in operation and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules.~~
~~(viii) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:~~
~~(A) Not deny acute inpatient 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 acute inpatient mental health services to any individual based on clinical indications of need for the services;~~
(~~C~~e) Maintain information by payor and non-paying sources to indicate the volume of care from each source provided annually.
(f)Compliance with selective contracting requirements shall not be construed as a violation of this term.
(~~ix~~g) An applicant required to enter into a contract with a CMH(s) or the Department pursuant to these standards shall have in place, at the time the approved beds or 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% or 80% of the approved beds, as required by the applicable sections of these standards, shall be allocated to the public patient, and shall specify the hospital's or unit's willingness to admit patients with an involuntary commitment status. The contract need not be funded.

(~~x~~h) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

(2) Compliance with this Section shall be determined by the Department based on a report submitted by the applicant and/or other information available to the Department.

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

Section ~~13~~15. Project delivery requirements - additional terms of approval for child/adolescent service

Sec. ~~13~~15. (1) In addition to the provisions of Section 12, an applicant for a child/adolescent service shall agree to operate the program in compliance with the following terms of CON 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 unit, 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/adolescent psychiatrist;
(ii) a child psychologist;
(iii) a psychiatric nurse;
(iv) a psychiatric social worker;
(v) an occupational therapist or recreational therapist; and

(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) A child/adolescent service shall have the capability to determine that each inpatient admission is the appropriate treatment alternative consistent with Section 498e of the Mental Health Code, being Section 330.1498e of the Michigan Compiled Laws.

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

(g) The applicant shall demonstrate that the child/adolescent service is integrated within the continuum of mental health services available in its planning area by establishing a formal agreement with the CMH(s) serving the planning area in which the child/adolescent specialized psychiatric 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 CMH(s), the probate court(s), the home school district, the Michigan Department of Human Services, the parent(s) or legal guardian(s) and/or the patient's attending physician.

(2) Compliance with this Section shall be determined by the Department based on a report submitted by the program and/or other information available to the Department.

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

Section ~~14~~16. Department inventory of beds

752 Sec. ~~14~~16. The Department shall maintain, and provide on request, a listing of the Department
753 Inventory of Beds for each adult and child/adolescent planning area.

Section ~~15~~17. Planning areas

Sec. ~~15~~17. The planning areas for inpatient psychiatric beds are the geographic boundaries of the groups of counties as follows.

Planning Areas	Counties
1	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
2	Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee
3	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren
4	Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo, Oceana, Ottawa
5	Genesee, Lapeer, Shiawassee
6	Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland, Mecosta, Ogemaw, Osceola, Oscoda, Saginaw, Sanilac, Tuscola
7	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Roscommon, Wexford
8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Section ~~16~~18. Effect on prior CON review standards; comparative reviews

Sec. ~~16~~18. (1) These CON review standards supercede and replace the CON Review Standards for Psychiatric Beds and Services, approved by the CON Commission on ~~December 11, 2007~~SEPTEMBER 10, 2009 and effective on ~~February 25, 2008~~NOVEMBER 5, 2009.

(2) Projects involving replacement beds, RELOCATION OF BEDS, FLEX BEDS UNDER SECTION 10, or an increase in beds, approved pursuant to Section 7(3), are reviewed under these standards and shall not be subject to comparative review.

(3) Projects involving initiation of services or an increase in beds, approved pursuant to Section 7(1), are reviewed under these standards and shall be subject to comparative review.

~~APPENDIX A~~

~~CON REVIEW STANDARDS FOR CHILD/ADOLESCENT PSYCHIATRIC BEDS~~

~~The bed need numbers, for purposes of these standards until otherwise changed by the Commission, are as follows:~~

~~Planning Area~~	~~Bed Need~~
~~1~~	~~113~~
~~2~~	~~12~~
~~3~~	~~22~~
~~4~~	~~26~~
~~5~~	~~11~~
~~6~~	~~14~~
~~7~~	~~7~~
~~8~~	~~5~~
~~TOTAL~~	~~210~~

~~**APPENDIX B**~~

~~**CON REVIEW STANDARDS**~~
~~**FOR ADULT PSYCHIATRIC BEDS**~~

~~The bed need numbers, for purposes of these standards until otherwise changed by the Commission, are as follows:~~

~~**PLANNING AREA**~~	~~**BED NEED**~~
~~1~~	~~967~~
~~2~~	~~179~~
~~3~~	~~186~~
~~4~~	~~283~~
~~5~~	~~153~~
~~6~~	~~96~~
~~7~~	~~52~~
~~8~~	~~38~~
~~**TOTAL**~~	~~1,954~~

APPENDIX ~~C~~A

RATIO OF ADULT INPATIENT PSYCHIATRIC BEDS PER 10,000 ADULT POPULATION

The ratio per 10,000 adult population, for purposes of these standards, until otherwise changed by the Commission, is as follows:

PLANNING AREA	ADULT BEDS PER 10,000 ADULT POPULATION
1	~~2.8516~~
2	~~2.3906~~
3	~~2.3950~~
4	~~2.4095~~
5	~~3.2442~~
6	~~1.3483~~
7	~~1.1977~~
8	~~1.4781~~
STATE	~~2.4903~~

APPENDIX ~~D~~B

CON REVIEW STANDARDS
FOR CHILD/ADOLESCENT INPATIENT PSYCHIATRIC BEDS

The use rate per 1000 population age 0-17, for purposes of these standards, until otherwise changed by the Commission, is ~~20.8898~~.

PINE REST Christian Mental Health Services

300 68th Street, S.E.
P.O. Box 165
Grand Rapids, Michigan 49501-0165
616/455-5000

Attachment D

Certificate of Need Commission Meeting
September 27, 2012
Psychiatric Beds and Services Workgroup Report
Written Testimony

To Whom It May Concern:

Pine Rest Christian Mental Health Services is a not-for-profit, free-standing Psychiatric Health System located in Grand Rapids, Michigan. Pine Rest owns or manages 197 acute psychiatric beds, and operates one of the nation's largest behavioral health group practice with over 250 clinicians in 20 locations. Pine Rest also provides over 10% of the State of Michigan's Medicaid Acute psychiatric patient days.

Pine Rest is supportive of the all but one of the suggested changes to the Psychiatric Standards proposed by the 2012 Workgroup. The suggested changes are on lines 348, 359 and 360 of the proposed Standards, (Section 9, sub point 2). The proposal to change the average occupancy rate measure during the "most recent, consecutive 24 month period" is proposed to change to 12 months. It was clear at the workgroup meeting that this change was the only suggested change that did not reach consensus in the workgroup. It is Pine Rest's position that this change is bad policy for the following reasons:

1. The current 24 consecutive month standard is consistent with other high-occupancy standards within the Certificate of Need. Changing the standard would eliminate consistency.
2. With the change to 12 months, applicants could show unsustainable occupancy in their facility for 12 months due to temporary renovation/construction or psychiatry shortages at other institutions within the region. These anomalies in census are minimized in the current 24 month occupancy review.
3. This proposed changed was based on the need to increase the number of Child & Adolescent beds within the State inventory. However, changing the standard to 12 months is unnecessary and duplicative by the inclusion of the "flex beds" standards being proposed.

It is Pine Rest's recommendation to the Committee that they instruct the department to eliminate the 24 month to 12 month language from the proposed standards before being acted upon by you Committee.

Thank you.

Robert L. Nykamp
Vice President and COO

9/24/12

Interim Report – Open Heart Surgery Standard Advisory Committee

Current status of the SAC is summarized with comments organized according to individual charges. We have just completed our sixth meeting. Two additional subcommittees were formed to help address specific questions relative to project delivery requirements and initiation volumes for new OHS programs.

Charge 1. Review and update, if necessary, the initiation and maintenance volume requirements given that OHS volumes are declining.

Dr. Frank Shannon headed a subcommittee that researched the initiation volume issue. He reported that there are currently 26 states that utilize the CON process with a fairly wide variation in initiation and maintenance volumes. His examples showed initiation volumes ranging from 150-350 cases per year with maintenance volumes ranging from 200-350 per year. In most states, the maintenance volume had to be attained by year 3. Initial threshold numbers generally have been influenced by the Inter-Society Commission for Heart Disease Resources that recommended an initiation volume of 200 cases per year in 1972. The second significant influence was the recommendation of the American College of Cardiology / American Heart Association Task Force that initiation volumes be in the range of 200-300 cases per year. This recommendation was made in 1991.

The most recently approved OHS programs have not been achieving the number of OHS cases projected by the formula in place prior to 2007-8. The formula was "readjusted" in 2007-8 by an update to the allocation weights, and the new formula has been used once to assess an application for a new OHS program. By

report, that program was denied an OHS CON due to a projected OHS volume of approximately 150 cases per year. In the view of the subcommittee, but in the absence of rigorous statistical analysis, the methodology seemed to be working appropriately to generate numbers that were in keeping with the performance of other recent programs. Therefore, they recommended no change to the current initiation volume of 300 OHS cases per year, and no change in the formula to project OHS cases save for the already mandated periodic updates of the allocation weights.

General discussions relative to maintenance numbers have highlighted the fact that 11 of the 33 OHS sites have not been meeting their maintenance thresholds. It has been noted frequently that there is no clearly demonstrable link between program numbers and quality of outcomes for CABG, suggesting that annual program OHS case number is less than robust as a measure of the performance of an OHS program. Nonetheless, there has been limited discussion relative to modifying these numbers.

Charge 2. Review project delivery requirements to assure quality, measurability, and affordability for both the provider and consumer.

A subcommittee chaired by Dr. Alonso Collar was formed to review the current project delivery requirements to assess the need for any substantive changes. They calculated that if all OHS cases performed in the state were evenly distributed among all of the surgeons in the state, each surgeon would do 79 OHS operations per year. Given that there is wide variation in number of cases performed at the institutional and surgeon level, many surgeons would not meet the 75 case per year requirement in spite of their ability to deliver quality performance consistently. Recognizing the overall decline in OHS cases throughout the state, and noting that earlier project delivery requirements accepted a 50 case per year minimum for surgeons as adequate, a

recommendation to reduce the current requirement to 50 cases per year was proposed and approved.

There were also two observations relative to the project delivery requirements. The first related to the 300 OHS cases per year maintenance number. That number was felt by several members to "lack validity" due to the fact that institutional case numbers have not been shown to relate to quality for CABG outcomes. Further, pediatric OHS procedures that are as complicated if not more complicated than adult cardiac procedures are required at a level of only 100 cases per year for institutions offering those services. The second observation was that guaranteed access for OHS suggests affordability for the consumer but doesn't address or define it specifically.

Recognizing that annual program OHS case number is not a surrogate for quality, discussion continued in earnest with regard to a possible quality metric by which OHS programs might be evaluated in the future. Initially, the Open Heart Coalition proposed a multi-component scorecard of sorts that could be used to assess quality. However, this was felt to be too cumbersome, and the thresholds for acceptable and unacceptable performance were controversial. The star rating and composite score generated by the Society of Thoracic Surgeons appealed to many as a more simplified approach to rolling multiple quality indicators into a single, simple, and statistically validated score. The Open Heart Coalition subsequently took this concept back to its members and returned with a proposal by which the star rating might be used to trigger corrective action by the MDCH. The committee received this proposal favorably, but has not yet reached consensus on the ideal implementation.

Charge 3. Review and update, if necessary, the methodologies to assure they accurately reflect community need for OHS services.

The discussion of need has centered primarily on the number of OHS cases performed at each institution. It was suggested that number of OHS cases reflects or defines the need in a particular area. If the number of OHS cases in an area is declining, then it has been concluded that so has the need and that the need is currently being met. The vast majority of OHS programs are operating well below their peak rates of 10-12 years ago, allowing them room/capability to scale up or down as needed to support their communities.

Charge 4. Propose standards for percutaneous insertion of heart valves.

No additional discussion of this topic.

Charge 5. Consider any necessary technical or other changes, e.g., updates or modifications consistent with other CON review standards and the Public Health Code.

There continues to be a sentiment among the SAC members that if we are able to reach a consensus on a specific quality metric, that it should be applied equally to all programs in the state and not just those failing to meet minimum maintenance numbers. It is understood by the SAC that it may not be possible to mandate this action within the CON process, yet the SAC seems to gravitate toward the ideal in this situation rather than the facile.

Respectfully submitted,

Timothy Sell, M.D.

CERTIFICATE OF NEED

3rd Quarter Compliance Report to the CON Commission

October 1, 2011 through September 30, 2012 (FY 2012)

This report is to update the Commission on Department activities to monitor compliance of all Certificates of Need recipients as required by Section 22247 of the Public Health Code.

MCL 333.22247

(1) The department shall monitor compliance with all certificates of need issued under this part and shall investigate allegations of noncompliance with a certificate of need or this part.

(2) If the department determines that the recipient of a certificate of need under this part is not in compliance with the terms of the certificate of need or that a person is in violation of this part or the rules promulgated under this part, the department shall do 1 or more of the following:
(a) Revoke or suspend the certificate of need.
(b) Impose a civil fine of not more than the amount of the billings for the services provided in violation of this part.
(c) Take any action authorized under this article for a violation of this article or a rule promulgated under this article, including, but not limited to, issuance of a compliance order under section 20162(5), whether or not the person is licensed under this article.
(d) Request enforcement action under section 22253.
(e) Take any other enforcement action authorized by this code.
(f) Publicize or report the violation or enforcement action, or both, to any person.
(g) Take any other action as determined appropriate by the department.

(3) A person shall not charge to, or collect from, another person or otherwise recover costs for services provided or for equipment or facilities that are acquired in violation of this part. If a person has violated this subsection, in addition to the sanctions provided under subsection (2), the person shall, upon request of the person from whom the charges were collected, refund those charges, either directly or through a credit on a subsequent bill.

Activity Report

Follow Up: In accordance with Administrative Rules 325.9403 and 325.9417, the Department tracks approved Certificates of Need to determine if proposed projects have been implemented in accordance with Part 222. By rule, applicants are required to either implement a project within one year of approval or execute an enforceable contract to purchase the covered equipment or start construction, as applicable. In addition, an applicant must install the equipment or start construction within two years of approval.

Activity	3rd Quarter	Year-to-Date
Approved projects requiring 1-year follow up	81	294
Approved projects contacted on or before anniversary date	65	214
Approved projects completed on or before 1-year follow up	80%	
CON approvals expired due to noncompliance with Part 222	28	50
Total follow up correspondence sent	257	648
Total approved projects still ongoing	295	

Compliance: In accordance with Section 22247 and Rule 9419, the Department performs compliance checks on approved and operational Certificates of Need to determine if projects have been implemented, or if other applicable requirements have been met, in accordance with Part 222 of the Code.

The Department has taken the following actions:

- Completed compliance investigation of temporary MRI unit operating beyond CON approved timeline. The Department concluded that the facility did not simultaneously operate the permanent fixed MRI and the temp MRI unit. Also, the facility provided a detailed newly developed policy/procedure on their use of temp units in the future.

- After a statewide review of the Open Heart Surgery data based on the 2010 Annual Survey, the Department opened 6 compliance investigations of Open Heart Surgery programs not meeting the approved volume requirement. The Department is in the process of collecting information to continue investigation.

- After a statewide review of the Psychiatric Beds and Services data based on the 2010 Annual Survey, the Department opened 14 compliance investigations of adult and child/adolescent psychiatric programs not meeting the approved occupancy rates. The Department is in the process of collecting information to continue investigation.

Source: Certificate of Need Evaluation Section, Michigan Department of Community Health.

CERTIFICATE OF NEED

3rd Quarter Program Activity Report to the CON Commission

October 1, 2011 through September 30, 2012 (FY 2012)

This quarterly report is designed to assist the CON Commission in monitoring and assessing the operations and effectiveness of the CON Program Section in accordance with Section 22215(1)(e) of the Public Health Code, 1978 PA 368.

Measures

Administrative Rule R325.9201 requires the Department to process a Letter of Intent within 15 days upon receipt of a Letter of Intent.

Activity	3rd Quarter		Year-to-Date	
	No.	Percent	No.	Percent
Letters of Intent Received	126	N/A	333	N/A
Letters of Intent Processed within 15 days	126	100%	333	100%
Letters of Intent Processed Online	126	100%	333	100%

Administrative Rule R325.9201 requires the Department to request additional information from an applicant within 15 days upon receipt of an application, if additional information is needed.

Activity	3rd Quarter		Year-to-Date	
	No.	Percent	No.	Percent
Applications Received	86	N/A	240	N/A
Applications Processed within 15 Days	82	95%	236	98%
Applications Incomplete/More Information Needed	40	47%	128	53%
Applications Filed Online*	72	99%	208	87%
Application Fees Received Online*	22	31%	47	20%

* Number/percent is for only those applications eligible to be filed online, potential comparative and comparative applications are not eligible to be filed online, and emergency applications have no fee.

Administrative rules R325.9206 and R325.9207 require the Department to issue a proposed decision for completed applications within 45 days for nonsubstantive, 120 days for substantive, and 150 days for comparative reviews.

Activity	3rd Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Nonsubstantive Applications	36	100%	124	100%
Substantive Applications	33	100%	81	100%
Comparative Applications	0	N/A	3	100%

Note: Data in this table may not total/correlate with application received table because receive and processed dates may carry over into next month/next quarter.

Measures – continued

Administrative Rule R325.9227 requires the Department to determine if an emergency application will be reviewed pursuant to Section 22235 of the Public Health Code within 10 working days upon receipt of the emergency application request.

Activity	3rd Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Emergency Applications Received	0	N/A	2	100%
Decisions Issued within 10 workings Days	0	N/A	2	100%

Administrative Rule R325.9413 requires the Department to process amendment requests within the same review period as the original application.

Activity	3rd Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Amendments	12	100%	47	100%

Section 22231(10) of the Public Health Code requires the Department to issue a refund of the application fee, upon written request, if the Director exceeds the time set forth in this section for a final decision for other than good cause as determined by the Commission.

Activity	3rd Quarter	Year-to-Date
Refunds Issued Pursuant to Section 22231	0	0

Other Measures

Activity	3rd Quarter		Year-to-Date	
	No.	Percent	No.	Percent
FOIA Requests Received	43	N/A	136	N/A
FOIA Requests Processed on Time	43	100%	136	100%
Number of Applications Viewed Onsite	0	N/A	2	N/A

FOIA – Freedom of Information Act.

Source: Certificate of Need Evaluation Section, Michigan Department of Community Health.

CERTIFICATE OF NEED LEGAL ACTION

(9.24.12)

Case Name	Date Opened	Case Description	Status
Medilodge of Howell v MDCH and Trilogy—Howell Health Campus Livingston County Circuit Court No: 11-25961-AV	04/22/11	Application for Leave to Appeal relating to DCH's decision to remand a comparative review involving nursing home beds.	After the Circuit Court granted DCH's motion to dismiss, Medilodge filed an application for leave to appeal with the Michigan Court of Appeals. The COA has not ruled on the application.

Case Name	Date Opened	Case Description	Status
Metro Health Hospital – CON Application: 10-1026 MAHS	01/07/11	Metro Health requested a hearing relating to DCH's 11/20/10 proposed decision to deny Metro Health's application for open heart surgery services and cardiac and catheterization services.	On Sept 17, 2012, the ALJ issued a Proposal For Decision Granting the Department's request for Summary Disposition. We are awaiting a final decision from the MDCH Director.

Case Name	Date Opened	Case Description	Status
Monroe County – Compare Group #95-0216 Includes: *Mercy Memorial – CON App # 11-0039* *Fountain View – CON App # 11-0018* *Medilodge of Monroe – CON App # 11-0030*	11/14/11	Monroe County – Comparative Review of nursing home beds – Administrative Appeal The three applicants are: (1) Mercy Memorial (denied applicant); (2) Fountain View (denied applicant); (3) Medilodge of Monroe (approved applicant)	In July, 2012, Mercy Memorial withdrew their request for hearing and the matter was dismissed. We have closed our file in this matter.

CERTIFICATE OF NEED LEGAL ACTION

(9.24.12)

Case Name	Date Opened	Case Description	Status
Oakland County – Compare Group #95-0217 Includes: *Medilodge of Oxford – CON App # 11-0045* *Medilodge of Clarkston – CON App # 11-0043* *Medilodge of Square Lk – CON App # 11-0041* *Regency on the Lk – CON App # 11-0033* *Manor of Farm. Hills – CON App # 11-0024* *Bloomfield Orchard – CON App # 11-0028* *Sen. Com. Of Auburn Hills – CON App # 11-0023* *Sen. Com. Of Prov. Pk. – CON App # 11-0022*	11/1/11	Oakland County – Comparative Review of nursing home beds – Administrative Appeal The eight applicants are: (1) Medilodge of Oxford (denied applicant); (2) Medilodge of Clarkston (denied applicant); (3) Medilodge of Square Lake (denied applicant); (4) Regency on the Lake (denied applicant); (5) Manor of Farmington Hills (approved applicant); (6) Bloomfield Orchard Villa (approved applicant); (7) Senior Community Of Auburn Hills (approved applicant); (8) Senior Community of Providence Park (approved applicant)	On July 10, 2012, the MDCH Director issued a final order adopting the ALJ's proposal for decision, granting the Department's motion for summary disposition and affirming the Department's proposed decision.

Case Name	Date Opened	Case Description	Status
Livingston County – Compare Group #95-0214 Includes: *Medilodge of Livingston – CON App # 11-0044* *Livingston Care Center – CON App # 11-0021*	11/1/11	Livingston County – Comparative Review of nursing home beds – Administrative Appeal The two applicants are: (1) Medilodge of Livingston (denied applicant); (2) Livingston Care Center (approved applicant)	On August 17, 2012, the MDCH Director issued a final order adopting the ALJ's proposal for decision, granting the Department's motion for summary disposition and affirming the Department's proposed decision.

CERTIFICATE OF NEED LEGAL ACTION

(9.24.12)

Case Name	Date Opened	Case Description	Status
St. Clair County – Compare Group #95-0219 Includes: *Medilodge of St. Clair – CON App # 11-0032* *Regency on Lk- Ft. Gratiot – CON App # 11-0034*	11/1/11	St. Clair County – Comparative Review of nursing home beds – Administrative Appeal The two applicants are: (1) Medilodge of St. Clair (denied applicant); (2) Regency on the Lake-Fort Gratiot (approved applicant)	On August 10, 2012, the MDCH Director issued a final order adopting the ALJ's proposal for decision, granting the Department's motion for summary disposition and affirming the Department's proposed decision.

Case Name	Date Opened	Case Description	Status
Beaumont Hospital v DCH – Oakland County Circuit Court No. 12-125141-CZ	2/28/12	Beaumont filed a five count complaint for declaratory judgment, injunctive and other relief. The counts allege, among other things, APA violations, a due process violation and promissory estoppel. Beaumont seeks an order declaring that its CON to construct a proton beam megavoltage radiation center remains in full force and effect, enjoining MDCH from terminating or otherwise revoking the CON, costs and attorneys' fees.	A compliance conference has been scheduled for Oct 4, 2012.

CERTIFICATE OF NEED LEGAL ACTION

(9.24.12)

Case Name	Date Opened	Case Description	Status
Macomb County – Compare Group #95-0225 Includes: *St. Mary's Nursing & RC– CON App # 11-0314* *Lakeside Manor Nursing & RC– CON App # 11-0306* *Shelby Twp Care Center – CON App # 11-0312*	4/25/12	Macomb County – Comparative Review of nursing home beds – Administrative Appeal The three applicants are: (1) St. Mary's Nursing & RC (approved applicant); (2) Lakeside Manor Nursing & RC (denied applicant); (3) Shelby Twp Care Center (denied applicant).	Motions for Summary Disposition are due by October 19, 2012, responses are due by 12/7/12 and replies are due by 12/21/12.
Case Name	Date Opened	Case Description	Status
McLaren Oakland – *CON App # 12-0025*	08/29/12	McLaren Oakland requested a hearing on the Department's proposed decision disapproving its proposed project to relocate existing nursing home beds. This applicant proposed to relocate existing beds to another proposed licensed hospital within the same sub-area	On Sept 12, 2012, the ALJ held a prehearing conference. Following a status report from the parties, the ALJ scheduled another pre-hearing conference for 10/31/12.
Case Name	Date Opened	Case Description	Status
McLaren Oakland-Clarkston – *CON App #12-0024*	08/29/12	McLaren Oakland-Clarkson requested a hearing on the Department's proposed decision disapproving its proposed project to relocate existing nursing home beds to a new site. This applicant proposed to construct a new facility to be licensed as a hospital and add new (relocated) hospital beds.	On Sept 12, 2012, the ALJ held a prehearing conference. Following a status report from the parties, the ALJ scheduled another pre-hearing conference for 10/31/12.

CERTIFICATE OF NEED LEGAL ACTION

(9.24.12)

Case Name	Date Opened	Case Description	Status
Livingston County Circuit Court *Livingston – Compare Group* *#95-0214* Includes: *Medilodge of Livingston – CON App # 11-0044* *Livingston Care Center – CON App # 11-0021*	09/14/12	Appeal of the MDCH Director's final decision.	The record and transcript have been filed. The parties will be filing briefs.
Case Name	Date Opened	Case Description	Status
St. Clair County Circuit Court *St. Clair – Compare Group* *#95-0217* Includes: *Medilodge of St. Clair – CON App # 11-0032* *Regency on Lk- Ft. Gratiot – CON App # 11-0034*	09/14/12	Appeal of the MDCH Director's final decision.	The record and transcript have been filed. The parties will be filing briefs.

CERTIFICATE OF NEED LEGAL ACTION

(9.24.12)

Case Name	Date Opened	Case Description	Status
Macomb County Circuit Court *Oakland – Compare Group* *#95-0217* Includes: *Medilodge of Oxford – CON App # 11-0045* *Medilodge of Clarkston – CON App # 11-0043* *Medilodge of Square Lk – CON App # 11-0041* *Regency on the Lk – CON App # 11-0033* *Manor of Farm. Hills – CON App # 11-0024* *Bloomfield Orchard – CON App # 11-0028* *Sen. Com. Of Auburn Hills – CON App # 11-0023* *Sen. Com. Of Prov. Pk. – CON App # 11-0022*	08/10/12	Appeal of the MDCH Director's final decision.	The record and transcript have been filed. A motion to change venue is set for hearing on 10/1/12.

CON Leg Action; report 9.24.12

Note: New or revised standards may include the provision that make the standard applicable, as of its effective date, to all CON applications for which a final decision has not been issued.

Attachment I

DRAFT CERTIFICATE OF NEED (CON) COMMISSION WORK PLAN

	2011												2012											
	J*	F	M*	A	M	J*	J	A	S*	O	N	D*	J*	F	M*	A	M	J*	J	A	S*	O	N	D*
Air Ambulance Services																						PC		
Bone Marrow Transplantation Services										PH			•R		D	•	•	•	•	•	• R—	•	•P	•▲F
Computed Tomography (CT) Scanner Services																						PC		
Magnetic Resonance Imaging (MRI) Services	•	•	•R	•	•	•R—	•P	•	•▲F	PH•	•	•	•R	•	•R—S	•S	•PS	•▲F•S	•S	•	•	•	•	•
Megavoltage Radiation Therapy (MRT) Services/Units																			•	•	•			
Neonatal Intensive Care Services/Beds (NICU)																						PC		
Nursing Home and Hospital Long-Term Care Unit Beds and Addendum for Special Population Groups																						PC		
Open Heart Surgery Services**	•R	Pending CCSAC							D	•	•	•	•S	•S	•S	▮	▮	▮	▮	▮	▮	▮	•	•R—
Psychiatric Beds and Services										PH			•R					•	•	•	• R—	•	•P	•▲F
Urinary Extracorporeal Shock Wave Lithotripsy Services/Units																						PC		
Renewal of "Guiding Principles for Determining Whether a Clinical Service should Require Certificate of Need (CON) Review"																					A			
New Medical Technology Standing Committee	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M
Commission & Department Responsibilities			M			M			M			M			M			M			M			M
2-year Report to Joint Legislative Committee (JLC)																								R

KEY

— - Receipt of proposed standards/documents, proposed Commission action
* - Commission meeting
▮ - Staff work/Standard advisory committee meetings
▲ - Consider Public/Legislative comment
** - Current in-process standard advisory committee or Informal Workgroup
• Staff work/Informal Workgroup/Commission Liaison Work/Standing Committee Work

A - Commission Action
C - Consider proposed action to delete service from list of covered clinical services requiring CON approval
D - Discussion
F - Final Commission action, Transmittal to Governor/Legislature for 45-day review period
M - Monitor service or new technology for changes
P - Commission public hearing/Legislative comment period
PC - Public Comment Period for initial comments on review standards for review in the upcoming year
R - Receipt of report
S - Solicit nominations for standard advisory committee or standing committee membership

For Approval September 27, 2012

Updated September 25, 2012

The CON Commission may revise this work plan at each meeting. For information about the CON Commission work plan or how to be notified of CON Commission meetings, contact the Michigan Department of Community Health, Policy & Planning, Planning and Access to Care Section, 7th Floor Capitol View Bldg., 201 Townsend St., Lansing, MI 48913, 517-335-6708, www.michigan.gov/con.

SCHEDULE FOR UPDATING CERTIFICATE OF NEED (CON) STANDARDS EVERY THREE YEARS*

Standards	Effective Date	Next Scheduled Update**
Air Ambulance Services	August 12, 2010	2013
Bone Marrow Transplantation Services	December 3, 2010	2015
Cardiac Catheterization Services	February 27, 2012	2014
Computed Tomography (CT) Scanner Services	February 27, 2012	2013
Heart/Lung and Liver Transplantation Services	September 28, 2012***	2015
Hospital Beds	September 28, 2012***	2014
Magnetic Resonance Imaging (MRI) Services	September 28, 2012***	2015
Megavoltage Radiation Therapy (MRT) Services/Units	November 21, 2011	2014
Neonatal Intensive Care Services/Beds (NICU)	August 12, 2010	2013
Nursing Home and Hospital Long-Term Care Unit Beds and Addendum for Special Population Groups	March 11, 2011	2013
Open Heart Surgery Services	February 25, 2008	2014
Positron Emission Tomography (PET) Scanner Services	September 28, 2012***	2014
Psychiatric Beds and Services	November 5, 2009	2015
Surgical Services	February 27, 2012	2014
Urinary Extracorporeal Shock Wave Lithotripsy Services/Units	February 25, 2008	2013

*Pursuant to MCL 333.22215 (1)(m): "In addition to subdivision (b), review and, if necessary, revise each set of certificate of need review standards at least every 3 years."

**A Public Comment Period will be held in October prior to the review year to determine what, if any, changes need to be made for each standard scheduled for review. If it is determined that changes are necessary, then the standards can be deferred to a standard advisory committee (SAC), workgroup, or the Department for further review and recommendation to the CON Commission. If no changes are determined, then the standards are scheduled for review in another three years.

***Tentative effective date; and Pancreas Transplantation services would no longer be subject to or require CON approval.