

Certificate of Need Workgroup
Wednesday, May 14, 2014 – 1:30pm, Capitol View Building
201 Townsend Street, Lansing, MI 48913

AGENDA

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| 1:30pm | I. Call to order
Approve April 8, 2014 summary
Review and approval of the agenda | Chair |
| 1:35pm | II. Brief update and decision re: <u>new</u> Section 10(12), page 18, “technology feature”- facility design beyond the minimum standards by ___% for the provision of therapy services | All |
| 1:45pm | III. Update on <u>new</u> Section 7(3)(c) regarding implications of proposed language by D. Stobb from 4/8 meeting | Dept/All |
| 2:00pm | IV. Discuss and decide comparative review points for each subsection of Section 10 | All |
| | V. Comments, final changes to CON Standards regarding workgroup recommendations and technical edits | All |
| | VI. Final task (immediately following item V. above):
Discuss and finalize any recommendations not related to the original charges for inclusion in the final report to the CON commission for future consideration. | |

Please come prepared with your separate recommendations for discussion as we cannot guarantee there is a good consolidated list of these as we brought them up. We will want and need to ensure we capture as much of this work as possible.

*****NOTE: The most recent update of the Standards was put on the LIST SERV on April 29, 2014. Please read the update prior to the May 14 meeting and have questions, comments, recommendations ready so that we can go through a section by section review expeditiously.**

The meeting will conclude when we have satisfactorily assigned points to Section 10, fleshed out the Standards document, and have agreed on the recommendations that are separate from the original standards for inclusion in the report to the Commission.

As this is our last meeting together, my humble and sincerest thanks to each and every one of you who participated, put in extra time on the sub-groups, kept the chair in line, provided support to the chair and the workgroup, and adhered to our established process. Thank you very, very much! Karen Messick, CON Workgroup Chair.

Relates to a New Facility	Relates to an Existing Facility	Criteria	Workgroup Proposed Changes	Points Deducted	Points Awarded		Proposed Points	
					Max	Min	Max	Min
	X	The current percentage of Medicaid patient days of care reimbursed for the most recent 12 months 10(2)(a)(i)	After workgroup and department review, no proposed changes to the language; just to the points awarded.		10	6	TBD	TBD
X		The proposed percentage of Medicaid patient days of care to be reimbursed by the second 12 months after project completion 10(2)(a)(ii)	After workgroup and department review, no proposed changes to the language; just to the points awarded.		10	6	TBD	TBD
	X	Percentage of the licensed nursing home beds are Medicaid for the most recent 12 months 10(2)(b)(i)	Workgroup changed to add more points to qualifying project if all beds within the facility are dually certified for both Medicare and Medicaid Services.				TBD	TBD
X		Percentage of the proposed licensed nursing home beds to be Medicaid certified by the second 12 months after project completion 10(2)(b)(ii)	Workgroup changed to add more points to qualifying project if proposed beds will be dually certified for both Medicare and Medicaid Services.				TBD	TBD
X	X	Participation level in the Medicare program for the most recent 12 months 10(3)	Workgroup decided to delete from Comparative Review		3	1	0	0
X	X	Currently as identified by the Centers for Medicare and Medicaid Services been a Special focus NH-LTCU 10(4)(a)	Workgroup decided to delete from Comparative Review	15			0	0
X	X	Has within the last 3 years as identified by the Centers for Medicare and Medicaid Services been a Special focus NH-LTCU 10(4)(b)	No change	15			TBD	TBD
X	X	Has had more than 8 substandard quality of care citations; immediate harm citations, and/or immediate jeopardy citation in the 3 most recent survey cycles 10(4)(c)	No change	15				
X	X	Has had an involuntary termination or voluntary termination at the threat of a medical assistance provider enrollment & trading partner agreement within the last 3 years 10(4)(d)	No change	15				
X	X	Has had a state enforcement action resulting in a reduction in license capacity or a ban on admissions within the last 3 years 10(4)(e)	No change	15				
	X	Has any outstanding debt obligation to the state of Michigan for quality assurance assessment program (QAAP), civil monetary penalties (CMP), Medicaid level of care determination (LOCD), or preadmission screening and annual resident review (PASARR) 10(4)(f)	No change	15				
X	X	Participation in a cultural change model, which contains person centered care, ongoing staff training, and measurements of outcomes 10(5)	MDCH will Remove Wellspring model from worksheet, correct Coaching model to state PHI Coaching Approach; Workgroup changed the maximum scoring: 5 points for participating in a culture change mode, 3 more for an approved model.		15	0	8	0
X	X	The proposed percentage of the "Applicant's cash" to be applied towards funding the total proposed project cost 10(6)	Workgroup decided to add language to the definition of applicant's cash to include contributions from landlord; and deleted 10(11), awarding 5 points for providing audited statements.		5	0		
X	X	Equipped with sprinklers 10(7)	Workgroup decided to remove from Comparative Review as all buildings are sprinkled as of 12/2013		5	0	0	0
X	X	Equipped with air conditioning 10(8)	Waiting for Engineering input		5	0		
Facility Design:								
X	X	100% private rooms with adjoining sink, toilet, and shower 10(9)	100% to include dedicated sink, toilet, and shower; and removed private and adjoining. 80% private rooms with dedicated toilet, sink, and shower, removed shared adjoining; to encourage privacy for patients.		10	0	TBD	TBD
X	X	Nursing Home/HLTCU with a 150 or fewer beds 10(10)	No change		10	0		
X	X	Provides audited financial statements 10(11)	Deleted from comparative review.		5	0	0	0
X	X	Proposed beds are housed in new construction 10(12)	No change		5	0		
	X	Existing nursing home/HLTCU eliminates all of its 3- and 4-bed wards 10(13)	Changed to eliminate 3 OR MORE bed wards		10	0		
X	X	On or readily accessible public transportation route 10(14)	No change		5	0		
Technology Feature:								
X	X	Electronic health record and computer point-of-service entry capability (including wireless tablets); Wireless nurse call/paging system including wireless devices carried by direct care staff 10(15)	Added new factors for technological innovations				TBD	TBD

* Data comes from proposed decisions in March 2011 through December 2013. There were a total of 23 applications scored, of which 12 were for a new Nursing Home and 11 were to add beds to an existing Nursing Home.

** An applicant could score 0



May 6, 2014

**Certificate of Need Commission
MDCH, Certificate of Need Policy Section
Capitol View Building
201 Townsend Street
Lansing, MI 48913**

Commissioners:

LeadingAge Michigan thanks the Michigan Department of Community Health for convening the Nursing Home Workgroup to address current issues with planning and development related to nursing homes in Michigan. We particularly thank Karen Messick for her work as chair of the Workgroup.

Certificate of Need is primarily about ensuring efficient access to services where they are needed. LeadingAge Michigan is strongly committed to ensuring that our most frail seniors have access to services throughout the state. We had hoped that during this review cycle, the Commission would be able to take a broader view of planning and development of senior care resources that more directly reflects the needs and desires of Michigan consumers. This could include a planning mechanism for all post-acute and long term care supports and services that would focus on flexible regional resources, deployed technology, and local problem solving. Such a plan is most important when we can in fact now provide services in the setting of consumer choice, rather than spending more funds on bricks and mortar that should be only used as a last resort.

In order to effectively plan for such services considering the pace of aging in Michigan, we can no longer consider nursing home planning in isolation of other alternative long term care services. The current nursing home bed methodology is based on the distribution of seniors throughout the state, without regard to actual regional use of resources and access to alternative programs and settings.

We ask the Commission to require a Regional Needs Assessment be conducted within targeted areas of Michigan prior to the approval or construction of "new" beds or moving current beds within a planning area. This analysis should include occupancy and use of short term and long term nursing home beds, home and community based services, waiting lists for services, as well as other programs that serve the senior population.

There is a broad array of services that are effective methods for serving Michigan seniors, including nursing homes, PACE (Programs of All Inclusive Care to the Elderly), affordable assisted living and HBCS (Home and Community Based Services). Consumer expectations have evolved knowing that these alternatives result in higher satisfaction levels and allow for State funding to expand and contract with the demographics of any given market in real time.

The Patient Protection and Affordable Care Act clearly targets smooth transitions from acute care settings to alternative placements and discourages hospital readmissions within 30 days of discharge. Further, the ACA is putting downward pressure to ensure that seniors have access to preferred settings of care. The nursing home bed planning methodology should recognize the changing environment in long term care.

Additionally, we believe that it is essential to effective planning that nursing homes should be ineligible to obtain new beds from the bed pool for an existing facility or the same licensee if it is currently using a Medicaid "non-available" bed plan. The continued addition of beds to a facility with existing low occupancy conflicts with State policy and wastes resources while alternative programs remain underfunded.

Finally, many promises are made within proposals submitted during the Certificate of Need process that are never realized. We ask the Department to consider mechanisms that will follow up on plans and proposals to ensure that approved projects deliver what has been proposed and promised.

Thank you for your consideration.

Sincerely,

Kevin Evans
LeadingAge Michigan