

Notice of Public Hearing

Pursuant to Section 22215 of Public Act 306 of 1969, as amended, the Michigan Department of Community Health (MDCH) will hold a hearing on Certificate of Need (CON) Review Standards.

Date: Thursday, October 23, 2014
Time: 9:30 a.m.
Location: Capitol View Building
201 Townsend Street, 1st floor
MDCH Conference Center Room B & C
Lansing, MI 48913



Nursing Home and Hospital Long-Term Care Unit (HLTCU) Beds

1. Section 1: Modified for consistency with other CON review standards.
2. Section 2: Definitions have been modified, moved, and/or deleted if no longer needed, and a new definition has been added as follows:
 - “Applicant’s cash” has been revised to include contributions designated for the project from the landlord to reflect the investment by the lease holder.
 - “PROPOSED LICENSED SITE” MEANS THE PHYSICAL LOCATION AND ADDRESS (OR LEGAL DESCRIPTION OF PROPERTY) OF THE PROPOSED PROJECT OR WITHIN 250 YARDS OF THE PHYSICAL LOCATION AND ADDRESS (OR LEGAL DESCRIPTION OF PROPERTY) AND WITHIN THE SAME PLANNING AREA OF THE PROPOSED PROJECT THAT WILL BE AUTHORIZED BY LICENSE AND WILL BE LISTED ON THAT LICENSEE’S CERTIFICATE OF LICENSURE.
3. Section 6(1)(a)(vi) and other applicable sections: Changed “outstanding” to “delinquent” to meet the intent of the workgroup and aid in administering this requirement.
4. Section 6(1)(d)(ii) and 6(1)(d)(iii)(B): The Staffing/Bed Utilization Ratios Report is no longer available. The CON Annual Survey will now be used.
4. Section 6(2)(a)(vi) and other applicable sections: Added Preadmission Screening and Annual Resident Review (PASARR) to the list of outstanding debts as well as adding “including, but not limited to,” to aid in debt collection.
5. Section 6(2)(c) and other applicable sections: Revised consistent with change under comparative review criteria in Section 10(7).
6. Section 7(1)(b) and (c): Language revised consistent with the new definition for “proposed licensed site.”
7. Section 7(3)(c)(i): Removed three mile radius language as it is no longer necessary. This was originally drafted for the pilot programs (new design model) in 2008, and all pilot programs are now CON approved.
8. Section 8(1): Removed the restrictions of relocating no more than 50% of a nursing home’s beds and the seven year restriction making it consistent with HLTCUs and added that relocation of beds shall not increase the number of rooms with three or more bed wards at the receiving facility.
9. Section 10(2): Updated to reduce redundancy and to simplify while maintaining the high consideration of Medicaid access.
10. Old Section 10(3): Removed the points for Medicare participation within the most recent 12 months based on the modifications made to Section 10(2).
11. New Section 10(3): Removed redundant special focus nursing home/HLTCU language.
12. Section 10(4): Revised points. Qualifying projects that already participate or plan to participate in a culture change model will receive three points. They will receive an additional 5 points if the culture change model is a Department approved model.
13. Old Section 10(6): Removed the requirement for sprinklers as this became Federal law in 2013.
14. New Section 10(6): Revised to award points if there is climate control for the entire facility.
15. Section 10(7): Revised language and points for facility design to create a more homelike environment for the resident while recognizing that there is still a need for semi-private rooms too.
16. Old Section 10(11): Removed for redundancy as this is a requirement in the Administrative Rules.
17. Section 10(10): Revised to award points if the entire facility will have no more than double occupancy rooms at completion of the project to help with improved quality of care.

18. Section 10(11): Points revised to balance the points of comparative review based on the relevance of care to the resident.
19. Section 10(12): Revised to reflect technology Innovations to better reflect on changes in healthcare, i.e. wireless nurse call/paging system for the proposed project; wireless internet with resident access to related equipment/device in entire facility; integrated electronic medical records system for the entire facility; a backup generator for the proposed project.
20. Section 10(13): Added points if the proposed project includes bariatric rooms to ensure access for the bariatric resident.
21. Section 11: Divided requirements into distinct groups consistent with other standards: quality assurance, access to care, and monitoring and reporting.
 - Under subsection (1), added clarifying language that an applicant approved pursuant to Section 10 will be held accountable for complying with the requirements agreed to in the awarding of beds for the approved project.
 - Under new subsection (3), added access to care requirements consistent with other CON review standards.
22. Other technical edits.

Hospital Beds

1. Section 2: Definitions have been modified consistent with other CON review standards, and new definitions have been added as follows:
 - "Inpatient rehabilitation facility hospital" or "IRF hospital" means a hospital that has been approved to participate in the Title XVIII (Medicare) program as a prospective payment system (PPS) exempt inpatient rehabilitation hospital in accordance with 42 CFR Part 412 Subpart P. Definition added to allow for IRF Hospitals the same considerations as LTAC Hospitals.
 - "Replace beds" means a change in the location of the licensed hospital, the replacement of a portion of the licensed beds at the same licensed site, OR THE ONE-TIME REPLACEMENT OF LESS THAN 50% OF THE LICENSED BEDS TO A NEW SITE WITHIN 250 YARDS OF THE BUILDING ON THE LICENSED SITE CONTAINING MORE THAN 50% OF THE LICENSED BEDS, WHICH MAY INCLUDE A NEW SITE ACROSS A HIGHWAY OR STREET AS DEFINED IN MCL 257.20 AND EXCLUDES A NEW SITE ACROSS A LIMITED ACCESS HIGHWAY AS DEFINED IN MCL 257.26. The hospital beds will be in new physical plant space being developed in new construction or in newly acquired space (purchase, lease, donation, etc.) within the replacement zone. Definition modified to allow for a one-time replacement of beds to property separated by a road.
2. Section 5: Modified consistent with other CON review standards.
3. Section 6(2): Modified to allow for IRF Hospitals the same considerations as LTAC Hospitals.
4. Section 7(2): Modified to allow for the one-time replacement of beds to property separated by a road.
5. Removal of Previous Section 10: Technical edit consistent with other CON Review Standards.
6. Appendix B: Updated the counties based on the 2010 Census data.
7. Other technical edits.



Oral or written comments may be presented in person at the hearing on Thursday, October 23, 2014, or submitted in writing via online submission at:

http://www.michigan.gov/mdch/0,4612,7-132-2945_5106_5409_29279-325143--,00.html

Please submit written comments no later than 5:00 p.m., Thursday, October 30, 2014.

If your comment is in written form at the hearing, please provide a copy of your testimony.

If you have any questions or concerns, please contact Tania Rodriguez at 517-335-6708.

Be sure all cellular telephones and pagers are turned off or set to vibrate during the hearing.

The hearing location is accessible for persons with physical disability. Interpreters will be available for the hearing impaired, if requested, seven days in advance.