

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF NEED (CON) COMMISSION MEETING**

Thursday, September 24, 2015

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

**APPROVED MINUTES**

**I. Call to Order & Introductions**

Chairperson Keshishian called the meeting to order at 9:35 a.m.

A. Members Present:

Denise Brooks-Williams  
Gail J. Clarkson, RN  
Kathleen Cowling, DO  
Robert Hughes  
Marc Keshishian, MD, Chairperson  
Thomas Mittelbrun  
Suresh Mukherji, MD, Vice- Chairperson  
Luis Tomatis, MD

B. Members Absent

James B. Falahee, Jr., JD,  
Gay L. Landstrom, RN  
Jessica Kochin

C. Department of Attorney General Staff:

Joseph Potchen

D. Michigan Department of Community Health Staff Present:

Tulika Bhattacharya  
Natalie Kellogg  
Beth Nagel  
Tania Rodriguez  
Brenda Rogers

**II. Review of Agenda**

Motion by Commissioner Brooks-Williams, seconded by Vice-Chairperson Mukherji, to approve the agenda as presented. Motion Carried.

**III. Declaration of Conflicts of Interests**

None.

**IV. Review of Minutes of June 11, 2015**

Motion by Commissioner Tomatis, seconded by Commissioner Clarkson, to approve the minutes of June 11, 2015 as presented. Motion Carried.

**V. Magnetic Resonance Imaging (MRI) Services Workgroup Update**

Vice-Chairperson Mukherji gave an overview of the workgroup's recommendations.

A. Public Comment

Greg Dobis, McLaren Health

Chairperson Keshishian asked Mr. Potchen to do some preliminary work for the December Commission meeting on defining health systems in Michigan for all CON review standards as well as the specific request from McLaren for MRI only.

**VI. Psychiatric Beds & Services Workgroup Update**

Commissioner Cowling gave an overview of the workgroup's recommendations.

A. Public Comment

Nancy Miller, Midstate Health Network  
Karen Armon, Integrated Health for Bay Arenac Behavioral Health  
(See Attachment A)

**VII. Nursing Home and Hospital Long-Term Care Unit (NH-LTCU) Bed Need Effective Date**

Ms. Rogers gave an overview of the bed need report (see Attachment B).

A. Public Comment

Pat Anderson, Health Care Association of Michigan (HCAM)

Motion by Commissioner Clarkson, seconded by Commissioner Brooks-Williams, to delay action on the effective date of the NH-HLTCU standards

until the December 15, 2015 meeting. Motion Carried in a vote of 8 - Yes, 0 - No, and 0 - Abstained.

### **VIII. Certificate of Need Audit Response**

Chairperson Keshishian provided an overview.

#### **A. Commission Discussion**

None.

#### **B. Commission Action**

Motion by Commissioner Tomatis, seconded by Commissioner Cowling, to accept the CON audit response presented by Chairperson Keshishian (see Attachment C). Motion Carried in a vote of 8 - Yes, 0 - No, and 0 - Abstained.

### **IX. Legislative Report**

Ms. Nagel reported that there is no legislative update.

### **X. Administrative Update**

#### **A. Planning and Access to Care Update**

Ms. Nagel reported that there are an adequate number of submissions for the seating of the BMTSAC.

#### **B. CON Evaluation Section Update**

Ms. Bhattacharya gave an update.

1. Compliance Report (see Attachment D)
2. Quarterly Performance Measures (Written Report) (see Attachment E)

### **XI. Legal Activity Report**

Mr. Potchen reported that there is no legal activity update.

### **XII. 2015 Meeting Dates- December 10, 2015**

**2016 Meeting Dates-** January 28, 2016- CON Special Commission Meeting, March 16, 2016, June 15, 2016, September 21, 2016, & December 7, 2016

### **XIII. Public Comment**

Melissa Cupp, RWC Advocacy

**XIV. Review of Commission Work Plan**

Ms. Rogers gave an overview of the Commissions future work plan to include the decisions made at today's meeting (see Attachment F).

A. Commission Discussion

None.

B. Commission Action

Motion by Commissioner Hughes, seconded by Commissioner Cowling, to accept the work plan as presented. Motion Carried in a vote of 8 - Yes, 0 - No, and 0 - Abstained.

**XV. Adjournment**

Motion by Vice-Chairperson Mukherji, seconded by Commissioner Cowling, to adjourn the meeting at 10:26 a.m. Motion Carried in a vote of 8 - Yes, 0 - No, and 0 - Abstained.

**CON Committee Meeting  
September 24, 2015**

- Thank you for permitting me to speak to you today.
- I am here to express my concerns related to recent difficulties in obtaining inpatient psychiatric hospitalization for those in need, specifically for residents in Bay and Arenac Counties.
- In general the difficulties are due to denials citing:
  - Full capacity
  - Behavioral issues
  - Not fitting the Milieu and/or the person being incompatible to the hospital's service
  - Co-occurring medical needs.
- Specifically,
  - In our agencies attempt to secure appropriate hospitalization care there are times when a person has been held in emergency room or jail waiting for care for several hours and sometimes days.
  - One example of this occurred from September 1, 2015 until September 3, 2015:
    - Individual was noncompliant with an existing Alternative Treatment Order issued by probate court.
    - The individual had co-morbid diagnoses of Schizoaffective Disorder, Borderline Personality Disorder and Borderline Intellectual Functioning
    - The individual met criteria for hospitalization as a person requiring treatment under the Michigan Mental Health Code due to -disruption of independent functioning, harm to self and others, suicidal attempts, reckless endangerment and self-injurious behavior.
    - The individual was denied admission from seven hospitals for reasons due to acuity and/or full capacity. This incident occurred over the course of three days while the person spent one full day in the ER and eventually was taken in to protective custody by the Sheriff and held in the local jail.
    - The individual was finally admitted to a community inpatient hospital but only after repeated attempts to locate an available bed. In fact, the transition from the jail to the hospital was more the result of fortunate circumstance than coordinated planning. It is probable that similar situations in the future are more likely to have consequences that will be more tragic for the individual and other members of the community.
- I ask that the <sup>CON Commission</sup> Psychiatric Bed and Services Workgroup <sup>actions</sup> consider the concerns identified in this example and make the necessary recommendations to address the gaps in service provision for people in similar situations that may be denied admission to psychiatric beds in community hospitals.
- It is important for the workgroup to understand the unique safety net responsibility that community hospitals have in the continuum of care for public mental health services. As state-owned psychiatric hospitals have closed during the last 30 years, psychiatric beds in community hospitals have often become the last line of defense to protect the health and safety of public patients.

- In many instances, there simply is no other immediate treatment option available capable of providing the necessary protective measures for these individuals.
- The recognition of this important obligation is the very reason that many of the quality assurance standards in Section 14 are included in the existing Certificate of Need Review Standards for Psychiatric Beds and Services.

Thank you for your time.

Submitted by Karen Amon, Director of Integrated Health for Bay Arenac Behavioral Health



# Nursing Home and HLTCU Beds: Appendix and Bed Need Updates, 2015

Paul L. Delamater

Department of Geography and GeoInformation Science, George Mason University, Fairfax, Virginia, USA

E-mail: pdelamat@gmu.edu

September 8, 2015

## Executive Summary

The Nursing Home and HLTCU Bed Need was updated using 2013 CON Survey data, 2013 US Census data, and 2018 population projection data from the Michigan Department of Technology, Management & Budget. The base year for the current update is 2013 and the planning year is 2018. The output includes three standalone Excel tables, 1: Patient day use rates by age cohort (Appendix B, formerly Appendix A), 2: Planning areas with a population density less than 28 people per mile<sup>2</sup> (Appendix E, formerly Appendix D), and 3: the Bed Need output. The code required to calculate the appendices and the bed need, written in R, is also provided in separate files. This report provides a brief explanation of the methodology, the updates, and the update process.

## Appendix B: Patient day use rates by age cohort

The methodology used to update the Use Rates in Appendix B is found in Section 3.(1). The rates are based on current state-wide patient day utilization and population counts in four age cohorts: 0-64, 65-74, 75-84, and 85+.

The updates for Appendix B are relatively straight-forward; the statewide patient days for each age cohort are summed as is the statewide population for each cohort. The respective sums are then divided, then multiplied by 1,000 to produce a rate of patient days per 1,000 people. The 2013 patient days, state population, and use rates by age cohort are found in Table 1.

**Table 1. Age specific use rates for 2013.** The results are for the entire Michigan population and all facilities that reported data in 2013. PD Rate is patient days per 1,000 people and is the updated information for Appendix B of the Review Standards.

Age Cohort	Patient Days	Population	PD Rate
0-64	1,604,742	8,408,029	191
65-74	1,951,163	835,439	2,336
75-84	3,533,789	443,520	7,968
85p	6,052,397	208,634	29,010

An ongoing concern in the Nursing Home and HLTCU updates is missing facility data. In the previous update (performed in 2013), three facilities provided care, but did not report utilization data. In the current update, this number increased to 12 facilities (2.7% of the 448 facilities in MI). Because of these missing data, the new values in Appendix B are *guaranteed* to be lower than the true utilization in

the state. Effectively, the missing data artificially drives the use rates downward, which results in an underprediction in the number of beds needed throughout the state. In the current update, this may be as much as a 2.6% underprediction, given the missing facilities' recent utilization data. The missing facilities along with their patient day utilization data from 2012 are provided in Table 2.

**Table 2. Facilities that did not report utilization data in 2013.** Patient days are reported data from 2012, except for Arbor Hospice which is from 2011 because the facility did not report in 2013 or 2012.

Facility ID	Name	Patient Days (2012)
224040	Hyland Nursing Home	18,383
254240	Grand Blanc Rehabilitation & Nursing Center	45,167
294040	Michigan Masonic Home	71,006
544022	Altercare Of Big Rapids	33,344
634023	Clarkston Specialty Healthcare Center	37,779
634360	Greenfield Rehab And Nursing Center	38,373
754030	Riverview Manor	26,417
814140	Arbor Hospice	7,077
824290	Southgate Manor Skilled Nursing & Rehab	31,375
834070	Westwood Nursing Center	35,855
834540	Law-Den Nursing Home	7,126
783010	Memorial Healthcare Center LTCU	6,843
<i>State Total</i>		<i>358,745</i>

## Appendix E: Population Density

A special high occupancy provision for adding beds is found in Section 6.(1)(d)(iii). Beds may be added if the planning area meets volume requirements and has less than 28 people per mile<sup>2</sup>. Planning areas having a population density less than this requirement are identified in Appendix E of the Review Standards.

Using updated county and municipal boundaries (downloaded from the Michigan Center for Geographic Information) and 2013 US Census data, the population density for each planning area was calculated. Those having a population density less than 28 people per mile<sup>2</sup> are listed in Table 3.

## Bed Need

The methodology used to calculate the number of nursing home and HLTCU beds can be found in Section 3.(2) of the Standards. For each planning area, the predicted population for the planning year (2018) in each age cohort is multiplied by its respective use rate from Appendix B. This produces the planning year patient days per age cohort, which are then summed for each planning area. The resulting total patient days are divided by 365 to produce the planning areas' average daily census (ADC) for the planning year.

In Section 3.(2)(e), the bed need in the planning year is calculated by dividing the planning year ADC by an ADC adjustment factor. For planning areas having an ADC less than 100, the factor is 0.9



**Table 3. Population Density of NH planning areas.** Based on 2013 population data for planning areas with a population density of less than 28 people per mile<sup>2</sup>.

Planning Area	Area	Population	Population Density
Ontonagon	1,327.8	6,322	4.76
Schoolcraft	1,220.9	8,247	6.75
Luce	926.2	6,502	7.02
Baraga	916.7	8,695	9.49
Iron	1,210.9	11,516	9.51
Alger	936.2	9,522	10.17
Mackinac	1,063.4	11,061	10.40
Gogebic	1,144.7	15,916	13.90
Oscoda	571.2	8,379	14.67
Alcona	694.4	10,578	15.23
Montmorency	562.4	9,350	16.63
Presque Isle	684.8	13,062	19.07
Lake	573.9	11,386	19.84
Chippewa	1,809.0	38,696	21.39
Menominee	1,051.0	23,791	22.64
Houghton-Keweenaw	1,604.4	38,416	23.94
Crawford	563.0	13,904	24.70
Missaukee	573.4	15,051	26.25

and for those with an ADC of 100 or greater, the factor is 0.95. This result is rounded up to the next whole number under the assumption that a partial bed is a bed. The updated bed need calculations can be found in Table 4.

**Table 4. Nursing Home and HLTCU bed need.** Base year: 2013, Planning year: 2018.

Planning Area	AF	Bed Need	Planning Area	AF	Bed Need
Alcona	0.9	80	Lapeer	0.95	336
Alger	0.9	52	Leelanau	0.95	157
Allegan	0.95	411	Lenawee	0.95	405
Alpena	0.95	146	Livingston	0.95	660
Antrim	0.95	118	Luce	0.9	34
Arenac	0.9	85	Mackinac	0.9	60
Baraga	0.9	39	Macomb	0.95	3,606
Barry	0.95	245	Manistee	0.95	129
Bay	0.95	478	Marquette	0.95	295
Benzie	0.9	108	Mason	0.95	141
Berrien	0.95	688	Mecosta	0.95	174
Branch	0.95	174	Menominee	0.95	118
Calhoun	0.95	545	Midland	0.95	370
Cass	0.95	230	Missaukee	0.9	71
Charlevoix	0.95	127	Monroe	0.95	601
Cheboygan	0.95	148	Montcalm	0.95	248
Chippewa	0.95	149	Montmorency	0.9	67
Clare	0.95	155	Muskegon	0.95	634
Clinton	0.95	302	Newaygo	0.95	206
Crawford	0.9	78	Oakland	0.95	4,673
Delta	0.95	201	Oceana	0.95	107
Dickinson	0.95	121	Ogemaw	0.95	119
Eaton	0.95	464	Ontonagon	0.9	41
Emmet	0.95	159	Osceola	0.9	109
Genesee	0.95	1,666	Oscoda	0.9	44
Gladwin	0.95	138	Otsego	0.95	118
Gogebic	0.9	94	Ottawa	0.95	952
Grand Traverse	0.95	395	Presque Isle	0.9	99
Gratiot	0.95	176	Roscommon	0.95	154
Hillsdale	0.95	212	Saginaw	0.95	858
Houghton and Keweenaw	0.95	156	Saint Clair	0.95	654
Huron	0.95	183	Saint Joseph	0.95	246
Ingham	0.95	855	Sanilac	0.95	191
Ionia	0.95	209	Schoolcraft	0.9	51
Iosco	0.95	161	Shiawassee	0.95	276
Iron	0.9	92	Tuscola	0.95	221
Isabella	0.95	212	Van Buren	0.95	272
Jackson	0.95	627	Washtenaw	0.95	1,141
Kalamazoo	0.95	947	Wexford	0.95	144
Kalkaska	0.9	81	South Wayne County	0.95	1,465
Kent	0.95	2,058	Northwest Wayne County	0.95	2,485
Lake	0.9	70	Detroit and Eastern Wayne County	0.95	2,414

## MEMORANDUM

Date: September 24, 2015  
To: Certificate of Need (CON) Commission  
From: Chairperson Marc Keshishian, MD  
RE: Audit Finding #1 Plan

---

The Michigan Office of the Auditor General conducted a performance audit of the CON Program with findings released in April 2015. Finding number one was aimed at the CON Commission and states: *The CON Commission did not have a process to consistently document its evaluation and assessment of the CON Program. A standardized, document process could improve how the CON Commission evaluates the CON Program operations, assesses effectiveness, and makes recommendations to the joint legislative committee on health policy.*

At the June CON Commission meeting, the CON Commission voted to provide the OAG with the following preliminary response: *The Commission agrees with the finding and will develop a plan to address the consistent documentation of evaluation of the CON program operations and assessment of the program effectiveness.* The CON Commission agreed to finalize the plan at the September meeting.

As such, I offer the following plan for review and discussion at the September 24, 2015 CON Commission meeting:

- 1) Every Standard Advisory Committee and workgroup charge that the CON Commission approves will include a requirement to provide the recommendations back to the CON Commission with an assessment of how the recommendations impact the cost, quality and access of the covered service within our state.
- 2) When the Con Commission makes proposed and final action on any changes to review standards, other than purely technical changes, the Commission will note how the changes impact cost, quality and access to the covered service. The CON Commission will accomplish this by stating, "Let the minutes reflect..." and then stating the impact on cost, quality and access. The Department will then record these statements in the official CON Commission minutes.

CERTIFICATE OF NEED  
**3<sup>rd</sup> Quarter Compliance Report to the CON Commission**  
 October 1, 2014 through September 30, 2015 (FY 2015)

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	3 <sup>rd</sup> Quarter	Year-to-Date
Approved projects requiring 1-year follow up	45	184
Approved projects contacted on or before anniversary date	34	123
Approved projects completed on or before 1-year follow up	75%	
CON approvals expired	28	81
Total follow up correspondence sent	246	763
Total approved projects still ongoing	332	

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:

The Department has taken the following actions:

- 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 has investigated and conducted meetings with all 6 hospitals. The Department has finalized settlement agreements with all 6 hospitals.
- After a statewide review of the Open Heart Surgery data based on the 2013 Annual Survey, the Department opened 5 additional compliance investigations of Open Heart Surgery programs not meeting the approved volume requirement. The Department has investigated and conducted meetings with all 5 hospitals and is in the process of determining proposed compliance actions. A settlement proposal has been offered to 3 of the 5 hospitals with open compliance investigations. The Department has finalized settlement agreements with those 3 hospitals and is still working with the 2 remaining hospitals.
- 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 has completed collection of information and investigation of the same. The Department has closed 4 investigations based on more recent data and updated information. The Department has conducted meetings with the remaining 10 psychiatric hospitals (10 adult programs and 1 child/adolescent program) and offered settlement proposals. The Department has finalized settlement agreements with the 10 programs to resolve these investigations.
- St. Joseph Health System - Tawas – Facility self-reported entering into a renewal lease for the existing fixed MRI unit. The facility was required to file a corrective CON and paid a civil fine of \$1,500.
- Michigan Radiation Institute – Facility failed to offer MRT services for more than 12 months. The CON for MRT services was expired.

CERTIFICATE OF NEED  
**3<sup>rd</sup> Quarter Program Activity Report to the CON Commission**  
 October 1, 2014 through September 30, 2015 (FY 2015)

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	3 <sup>rd</sup> Quarter		Year-to-Date	
	No.	Percent	No.	Percent
Letters of Intent Received	93	N/A	324	N/A
Letters of Intent Processed within 15 days	93	100%	324	100%
Letters of Intent Processed Online	93	100%	324	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	3 <sup>rd</sup> Quarter		Year-to-Date	
	No.	Percent	No.	Percent
Applications Received	87	N/A	266	N/A
Applications Processed within 15 Days	86	99%	264	99%
Applications Incomplete/More Information Needed	65	75%	200	75%
Applications Filed Online*	83	100%	256	100%
Application Fees Received Online*	14	17%	54	21%

\* 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	3 <sup>rd</sup> Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Nonsubstantive Applications	81	100%	172	100%
Substantive Applications	30	100%	72	100%
Comparative Applications	0	N/A	0	N/A

*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	3 <sup>rd</sup> Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Emergency Applications Received	0	N/A	1	N/A
Decisions Issued within 10 workings Days	0	N/A	1	100%

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

Activity	3 <sup>rd</sup> Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Amendments	24	100%	65	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	3 <sup>rd</sup> Quarter	Year-to-Date
Refunds Issued Pursuant to Section 22231	0	0

**Other Measures**

Activity	3 <sup>rd</sup> Quarter		Year-to-Date	
	No.	Percent	No.	Percent
FOIA Requests Received	34	N/A	137	N/A
FOIA Requests Processed on Time	31	96%	129	94%
Number of Applications Viewed Onsite	1	N/A	7	N/A

FOIA – Freedom of Information Act.

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.

### DRAFT CERTIFICATE OF NEED (CON) COMMISSION WORK PLAN

	2014												2015											
	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 (AA)																								
Bone Marrow Transplantation (BMT) Services	•D	•	•R —	•P	•	• ▲F							•R A		DA	•	•	•S	•S	•S	•S	■	■	■
Computed Tomography (CT) Scanner						• R—	•P	•	• ▲F															
Magnetic Resonance Imaging (MRI) Services**						• R—	•P	•	• ▲F	PC			•R A	•	•	•	•	•	•	•	•	•	•	•
Neonatal Intensive Care Services/Beds and Special Newborn Nursing Services						• R—	•P	•	• ▲F															
Nursing Home and Hospital Long-Term-Care Unit (NH-HLTCU) Beds	•	•	•	•	•	R—	P	•	• R—	•P	•	• F▲												
Psychiatric Beds and Services**										PC			•R A	•	•	•	•	•	•	•	•	•	•	• R—
Urinary Extracorporeal Shock Wave Lithotripsy Services	•P	•	• ▲F			• R—	•P	•	• ▲F															
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			•M			•M

- 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 24, 2015

Updated September 3, 2015

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 Health and Human Services (MDHHS), Office of Health Policy and Innovation, Planning and Access to Care Section, 15th Floor Grand Tower Bldg., 235 S. Grand Ave., Lansing, MI 48933, 517-335-6708, [www.michigan.gov/con](http://www.michigan.gov/con).



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

<b>Standards</b>	<b>Effective Date</b>	<b>Next Scheduled Update**</b>
Air Ambulance Services	June 2, 2014	2016
Bone Marrow Transplantation Services	September 29, 2014	2018
Cardiac Catheterization Services	September 14, 2015	2017
Computed Tomography (CT) Scanner Services	December 22, 2014	2016
Heart/Lung and Liver Transplantation Services	September 28, 2012	2018
Hospital Beds	March 20, 2015	2017
Magnetic Resonance Imaging (MRI) Services	December 22, 2014	2018
Megavoltage Radiation Therapy (MRT) Services/Units	September 14, 2015	2017
Neonatal Intensive Care Services/Beds (NICU)	December 22, 2014	2016
Nursing Home and Hospital Long-Term Care Unit Beds and Addendum for Special Population Groups	March 20, 2015	2016
Open Heart Surgery Services	June 2, 2014	2017
Positron Emission Tomography (PET) Scanner Services	September 14, 2015	2017
Psychiatric Beds and Services	March 22, 2013	2018
Surgical Services	December 22, 2014	2017
Urinary Extracorporeal Shock Wave Lithotripsy Services/Units	December 22, 2014	2016

\*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.