

Nomination Notice

Certificate of Need (CON) Review Standards for Nursing Home and Hospital Long-Term-Care Unit (NH-HLTCU) Beds Standards Advisory Committee (SAC)

Pursuant to Section 22215(1)(f) of Public Act 368 of 1978, as amended, the CON Commission has determined that a SAC be convened to assist in the development of revisions to the CON Review Standards for NH-HLTCU Beds. The charge to the SAC is as follows:

The NH-HLTCU SAC is charged to review and recommend any necessary changes to the NH-HLTCU Beds CON Standards regarding the following:

1. Review the criteria for NH-HLTCU replacements and the relocation of beds.
2. Review the criteria concerning lease renewal.
3. Review the threshold for high occupancy provisions.
4. Review the special population groups in the addendum.
5. Review the bed need formula and data sources.
6. Review quality metrics to determine if they are up-to-date with national NH-HLTCU trends.
7. Revise acquisition requirements to reflect a situation where the NH-HLTCU is being acquired by a new entity that does not currently operate a NH-HLTCU.
8. Consider any technical or other changes from the Department, e.g., updates or modifications consistent with other CON review standards and the Michigan Public Health Code.

In its deliberations of the above-mentioned charges, the SAC shall consider and report on how each recommendation addresses healthcare cost, quality and/or access in Michigan.

The SAC shall complete its duties and submit its recommendations to the Commission within six months from the first meeting of the SAC. An individual shall serve on no more than 2 SACs in any 2-year period.

The composition of a SAC shall not include a lobbyist registered under 1978 PA 472, MCL 4.411 to 4.431, but shall include all of the following: experts with professional competence in the subject matter of the proposed standard, who shall constitute a 2/3 majority of the SAC; representatives of health care provider organizations concerned with licensed health facilities or licensed health professions; and representatives of organizations concerned with health care consumers and the purchasers and payers of health care services.

If your organization is interested in participating, please complete and submit the Nomination Form located on page 2 of this notice by 5:00 p.m. on April 7, 2016. **All** mentioned items must be received by the deadline for the nomination to be considered. The CON Commission Chairperson will select the members for the SAC. Appointment letters will be sent to all appointed members. The SAC is tentatively scheduled to meet on the following dates: 6/22/16, 7/14/16, 8/17/16, 9/14/16, 10/13/16, 11/17/16, and 12/15/16. Specific dates, times, and location will be listed on the website at www.michigan.gov/con and a message will be sent to the CON listserv when this occurs. If you have any questions, please feel free to contact CON Policy Staff at 517-335-6708. Thank you for your interest and cooperation in this important activity.

Nomination Form Instructions:

Please fill out the form below to submit a nomination. As part of your submission, you will need to send this form completed to MDHHS-ConWebTeam@michigan.gov along with the following two attachments:

- A letter of designation from the represented organization, which must authorize you to represent the organization in the capacity selected in the nomination form.
- A one (1) to two (2) page resume/Curriculum Vitae noting your expertise in the subject matter (Professional competence demonstrated by relevant professional activity over a majority of the last five years.)

Michigan law states under Public Act 619 of 2002 (as an act to amend 1978 PA 368), Section 22215 (1)(l) that the "composition of a standard advisory committee shall not include a lobbyist registered under 1978 PA 472, MCL 4.411 to 4.431." Please note additional selection criteria in Article VII B of the [Commission Bylaws](#) With submission of this form, I certify the following:

- That I am requesting appointment to a SAC of the Certificate of Need Commission.
- That I am authorized to represent the organization identified in the capacity selected.
- That I am currently employed as listed below.
- That I make this disclosure in that official capacity.
- That I have reviewed the tentative meeting dates and can attend.
- That I am not a registered lobbyist in the State of Michigan as defined under 1978 P.A. 472, MCL 4.411 to 4.431.
- That I have not served on two (2) SACs in the previous two (2) years from today's date.
- That I am not affiliated with a program with a Letter of Intent (LOI) or a pending application in the CON process related to the standard being reviewed.

By submitting this form, you are declaring that all information and statements are true to the best of your knowledge and belief.

SAC Nominee Information Form			
Name:	<i>Last</i>		<i>First</i>
Business Name:			
Business Address:	<i>Street Address</i>		<i>Floor/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Business Phone:		Alternate Phone:	
Email:			
Name of Organization you are Representing:			
Your Current Position Title:		Years in this Position:	

Please select all that apply: I am applying to be considered as the following member capacities pursuant to MCL 333.22215(1)(l):

- Representatives of an organization concerned with health care consumers
- Experts with professional competence in the subject matter of the proposed standard
- Representatives of healthcare provider organizations concerned with licensed health facilities or licensed health professionals
- Representative• of a purchaser of health care services
- Representatives of a payer of healthcare services