

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF NEED

PUBLIC HEARING  
REVIEW STANDARDS FOR MAGNETIC RESONANCE IMAGING SERVICES  
AND PSYCHIATRIC BEDS AND SERVICES

BEFORE BRENDA ROGERS, SPECIAL ASSISTANT TO C.O.N. COMMISSION  
235 South Grand Avenue, Lansing, Michigan  
Thursday, April 21, 2016, 9:30 a.m.

Also Present: Amber Myers, Sallie Flanders, Robert  
Nykamp

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Pine Rest Vice President and Chief Operating Officer

1                   Lansing, Michigan

2                   Thursday, April 21, 2016 - 9:32 a.m.

3                   MS. ROGERS: Good morning. I am Brenda Rogers,  
4                   Special Assistant to the Certificate of Need Commission from  
5                   the Planning and Access to Care Section of the Michigan  
6                   Department of Health and Human Services. Chairperson Marc  
7                   Keshishian has directed the Department to conduct today's  
8                   hearing.

9                   Please be sure that you have completed the sign-in  
10                  log. Comment cards can be found on the back table with the  
11                  sign-in log. A comment card needs to be completed and  
12                  provided to me if you wish to give testimony. Additionally  
13                  if you have written testimony, please provide a copy as  
14                  well.

15                 Today we are taking testimony on the Magnetic  
16                 Resonance Imaging or MRI services, CON review standards and  
17                 Psychiatric Beds and Services CON review standards.

18                 A summary of the proposed changes for both sets of  
19                 standards can be found on the Notice of Public Hearing, and  
20                 the complete set of proposed changes can be found in the  
21                 draft language. The Notice of Public Hearing and the draft  
22                 language for both of the standards can be found at  
23                 [www.michigan.gov/con](http://www.michigan.gov/con) on the Meetings Page.

24                 As indicated on the Notice of Public Hearing,  
25                 written testimony may be provided to the Department via an

1 e-mail sent to MDHHS-ConWebTeam@michigan.gov and will be  
2 accepted until 5:00 p.m. Thursday, April 21, 2016.

3 Today is Thursday, April 14th, 2016 (sic). We  
4 will begin the hearing now. Does anyone wish to provide  
5 testimony on MRI Services? Seeing none, does anyone wish to  
6 provide testimony on Psychiatric Beds & Services? We have  
7 Robert Nykamp with Pine Rest. Thank you.

8 MR. NYKAMP: Good morning. Thank you. I first  
9 want to commend the Commission and the work group for their  
10 fine work on reviewing the psych standards. We have a  
11 crisis of access in Michigan for psychiatric services.

12 Pine Rest has submitted written testimony both in  
13 person and via e-mail to the Department.

14 I just want to touch on a couple of key figures.  
15 First, there is incongruence in the proposed standards and  
16 the experience of occupancy in the state of Michigan. The  
17 latest statistics from the Department, the source was the  
18 2014 CON Annual Survey showed an adult occupancy rate of  
19 69.2 percent for adult beds in the state of Michigan on  
20 average, 718 licensed beds remained unfilled daily on  
21 average and then a 70.1 percent occupancy rate for child and  
22 adolescent beds leaving approximately 74 licensed beds daily  
23 unfilled.

24 The comments related to a proposed solution for  
25 the excess problem is that Pine Rest's position is there is

1       an access problem. We are unsure whether or not additional  
2       specialty population beds is the answer. It could very well  
3       be. I worked on the work group, and the work group at no  
4       time provided survey information or clinical review  
5       information on ER boarding where a lot of this problem  
6       manifests itself. And we would strongly encourage a  
7       collaboration with the Michigan Hospital Association and the  
8       Department to provide resources to survey access issues  
9       related to acute psychiatric illness and then try and find  
10      out what is the true clinical barriers to these patients who  
11      get boarded in ERs to services.

12               We think that some of the proposed solutions  
13      include long-term residential primarily for child and  
14      adolescent services, for child and adolescent patients with  
15      a comorbid developmental disability. These patients in a  
16      lot of cases don't require acute inpatient stay. They  
17      require a moderate, mid-term residential treatment with  
18      behavioral modifications and would encourage the State and  
19      the Department to look at additional resources to provide to  
20      these patients both in State institutions and in private  
21      institutions.

22               We also believe that one of the -- and at least at  
23      Pine Rest, our experience is patient turnaways at times are  
24      required because of lack of staffing, primarily psychiatric  
25      staffing. Today the Michigan Mental Health Code requires

1       that patients only be admitted to a psychiatric hospital by  
2       a licensed psychiatrist. And there are not enough of them  
3       in the state to provide this crucial acute service. We  
4       would like to work with the State on continued investment in  
5       moving psychiatric resources to the state of Michigan. Pine  
6       Rest has done so already by investing more than \$7 million  
7       in the design and implementation of a new psychiatric  
8       residency program with the state of Michigan's assistance  
9       both financially and in the design of our model. So we are  
10      very appreciative of that.

11               We also think that especially in child and  
12      adolescent care the -- because there are only ten providers  
13      in the state of Michigan, the current health service area  
14      designation that is used in the CON planning may be too  
15      small. Pine Rest currently contracts with every county in  
16      the state of Michigan for child and adolescent services.  
17      And although beds are applied based on usage rates for a  
18      specific health service area, we believe that that service  
19      area is too small. And we'd ask the Department to consider  
20      reevaluating health service areas for the child and  
21      adolescent population. Thank you very much.

22               MS. ROGERS: Thank you. Any further testimony for  
23      either MRI Standards or Psychiatric Bed Standards? Okay.  
24      If there's no further testimony we will adjourn this hearing  
25      at 9:39. Thank you.

(Proceeding concluded at 9:39 a.m.)

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