

# STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs  
Bureau of Survey and Certification

## Rural Emergency Hospital (REH) Conversion Checklist

1. Complete the CMS 855A and send to the MAC. Once recommendation letter is received from the MAC, include this letter with the other documents listed below.
2. Action Plan

The action plan is the process by which you plan to switch from a Critical Access Hospital (CAH) to an REH. The action plan can be submitted on letterhead or using the template provided as an attachment to the QSO-23-07-REH memo and should be signed by the facility's legal representative/administrator. The action plan needs to be specific on how the services will be converted to an REH and must address the following items:

  - a. What services will be provided (emergency department services, observation care and other medical and health services).
  - b. Detailed transition plan
    - i. What services the facility will retain.
    - ii. What services will be modified.
    - iii. What services will be added.
    - iv. What services will be discontinued.
    - v. How the patient census will be transitioned to no inpatient beds.
    - vi. How the community, including emergency services, will be notified of the change to an REH.
    - vii. The expected date the inpatient beds will be empty.
  - c. Details regarding staffing provisions and the number and type of qualified staff for the REH services.
  - d. How the facility intends to use the additional facility payment. This includes a description of the services the additional facility payment would be supporting (examples: operation and maintenance of the facility, furnishing of services; telehealth services, ambulance services etc.)
  - e. **Note**—this action plan will be available to the public and will eventually be posted on the CMS website.
3. Transfer Agreement
  - a. At least one transfer agreement to a designated level I or level II trauma center. Facility names and/or D.B,A must be correct.
  - b. The transfer agreement may cross state lines for bordering facilities.
  - c. The agreement is intended to ensure an appropriate referral and transfer process is in place for patients requiring emergency care and those patients who need continued care services beyond the capabilities of the REH.
  - d. The transfer agreement must be current.
  - e. A copy of the transfer agreement(s) must be included in the packet.
4. Attestation Statement
  - a. The eligible provider may self-attest to meeting the REH Conditions of Participation.

- b. The attestation may be completed on facility letterhead or by following the model template in memo QSO-22-07-REH.
  - c. The attestation should be signed by the facility's legal representative or administrator.
5. Once the packet is complete, please send to: [LARA-BSCSupport@michigan.gov](mailto:LARA-BSCSupport@michigan.gov) .