## Health Facility Licensing Report October 1, 2015 through September 30, 2016

(Pursuant to Public Act 368 of 1978, as Amended)

### Fiscal Year 2016

(Submitted December 1, 2016)

Prepared by

**Bureau of Community and Health Systems** 



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### **REPORT AUTHORITY**

Public Health Code, Public Act 368 of 1978 Section 20162. (8) *MCL 333.20162 (8)* 

Beginning October 1, 2005, the director of the department shall submit a report by December 1 of each year to the standing committees and appropriations subcommittees of the senate and house of representatives concerned with public health issues. The director shall include all of the following information in the report concerning the preceding fiscal year:

- (a) The number of initial applications the department received and completed within the 6-month time period required under subsection (1).
- (b) The number of applications requiring a request for additional information.
- (c) The number of applications denied.
- (d) The average processing time for initial licenses granted after the 6-month period.
- (e) The number of temporary permits issued under subsection (3).
- (f) The number of initial license applications not issued within the 6-month period and the amount of money returned to applicants under subsection (3).

### DEPARTMENT OVERVIEW

LARA is composed of agencies and commissions that promote business growth and job creation through streamlined, simple, fair, and efficient regulation, while at the same time protect the health and safety of Michigan's citizens.

Formed July 6, 2015, the Bureau of Community and Health Systems (BCHS) serves to protect and assure safe, effective, efficient and accessible community and health care services delivered by state licensed and federally certified providers in Michigan.

The bureau is responsible for state licensing of facilities, agencies and programs under the Public Health Code, Mental Health Code, Adult Foster Care Facility Licensing Act, and Child Care Organizations Act. The Bureau is also the State Agency responsible for conducting certification activities on behalf of the Centers for Medicare and Medicaid Services (CMS) to assure that covered health providers and suppliers meet federal conditions to participate in the Medicare and Medicaid programs.

In general, the majority of state licensing activities involve the issuance and renewal of licenses to qualified facilities, agencies, and programs; conducting initial, routine and revisit inspections to determine compliance with state and federal requirements; and investigating complaints against state licensed and federally certified providers.



### **REPORTING REQUIREMENTS**

# (a) The number of initial applications the department received and completed within the 6-month time period.

| Provider Type                             | Applications<br>Received for Initial<br>Licensure | Applications<br>Completed within<br>6-months |
|---|---|--|
| Freestanding Surgical Outpatient Facility | 13  | 13   |
| Home for the Aged                         | 17  | 17   |
| Hospice                                   | 11  | 11   |
| Hospital                                  | 3   | 3  |
| Nursing Home                              | 7   | 7  |
| Totals                                    | 51  | 51   |

#### (b) The number of applications requiring a request for additional information.

| Provider Type                             | Applications<br>Received for Initial<br>Licensure | Applications<br>Requiring<br>Additional<br>Information |
|---|---|--|
| Freestanding Surgical Outpatient Facility | 13  | 0  |
| Home for the Aged                         | 17  | 17 <sup>1</sup>  |
| Hospice                                   | 11  | 0  |
| Hospital                                  | 3   | 0  |
| Nursing Home                              | 7   | 0  |
| Totals                                    | 51  | 17   |

#### (c) The number of applications denied.

| Provider Type                             | Applications<br>Received for Initial<br>Licensure | Applications<br>Denied |
|---|---|------------------------|
| Freestanding Surgical Outpatient Facility | 13  | 0                      |
| Home for the Aged                         | 17  | 0                      |
| Hospice                                   | 11  | 0                      |
| Hospital                                  | 3   | 0                      |
| Nursing Home                              | 7   | 0                      |
| Totals                                    | 51  | 0                      |

<sup>&</sup>lt;sup>1</sup> With the exception of Homes for the Aged, all of these health facilities are subject to the Certificate of Need process and engineering review and permitting before submitting initial applications for licensing, so it is rare that additional information would be required. However, nearly every initial application for a Home for the Aged license involves a request for additional information. In FY16, all 17 initial applications involved at least one request for additional information can require multiple requests. There were 44 requests for additional information pertaining to these 17 initial applications.



# (d) The average processing time for initial licenses granted after the 6-month period.

| Provider Type                             | Applications<br>Processed After 6<br>Months | Average<br>Processing Time<br>for Licenses<br>Granted after 6<br>Months |
|---|---|---|
| Freestanding Surgical Outpatient Facility | 0   | N/A   |
| Home for the Aged                         | 0   | N/A   |
| Hospice                                   | 0   | N/A   |
| Hospital                                  | 0   | N/A   |
| Nursing Home                              | 0   | N/A   |
| Totals                                    | 0   | N/A   |

#### (e) The number of temporary permits issued.

| Provider Type                             | Number of Temporary License Permits |
|---|-------------------------------------|
| Freestanding Surgical Outpatient Facility | 0                                   |
| Home for the Aged                         | 0                                   |
| Hospice                                   | 0                                   |
| Hospital                                  | 0                                   |
| Nursing Home                              | 0                                   |
| Total                                     | 0                                   |

# (f) The number of initial license applications not issued within the 6-month period and the amount of money returned to applicants.

| Provider Type                             | Initial Licensure Not<br>Issued in 6 Months | Number of<br>Application<br>Refunds |
|---|---|-------------------------------------|
| Freestanding Surgical Outpatient Facility | 0   | 0                                   |
| Home for the Aged                         | 0   | 0                                   |
| Hospice                                   | 0   | 0                                   |
| Hospital                                  | 0   | 0                                   |
| Nursing Home                              | 0   | 0                                   |
| Totals                                    | 0   | 0                                   |

