

Complaint Information Report
October 1, 2018 through September 30, 2019
Pursuant to Section 514 of 2019 PA 60

Fiscal Year 2019
(Submitted December 19, 2019)

Prepared by

Bureau of Community and Health Systems



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REPORT AUTHORITY

Section 514 of 2019 PA 60, the appropriations act for the Department of Licensing and Regulatory Affairs, making appropriations for fiscal year 2020.

Sec. 514. From the appropriations in part 1, the bureau of community and health systems; bureau of construction codes; bureau of fire services; bureau of professional licensing; corporations, securities, and commercial licensing bureau; and marijuana regulatory agency must submit reports to the subcommittees, senate and house fiscal agencies, and state budget director by December 31. The reports must include all of the following information for the prior fiscal year for each agency or bureau:

- (a) The number of complaints received, with the number of complaints specified for each profession or license type that the agency or bureau regulates.
- (b) A description of the process used to resolve complaints.
- (c) A description of the types of complaints received with total counts of the number of complaints of that type received.
- (d) The number of investigations initiated and the number of investigations closed.
- (e) The number and type of enforcement actions taken against licensees and metrics regarding any adverse actions taken against licensees including license revocations, suspensions, and fines.

DEPARTMENT OVERVIEW

The Michigan Department of Licensing and Regulatory Affairs (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.

BUREAU OVERVIEW

The Bureau of Community and Health Systems (BCHS) serves to protect and ensure safe, effective, efficient and accessible community and health care services delivered by state licensed and federally certified providers in Michigan. It is responsible for state licensing of facilities, agencies and programs under all of the following public acts:

- Adult Foster Care Facility Licensing Act, 1979 PA 218
- Child Care Organizations Licensing Act, 1973 PA 116
- Mental Health Code, 1974 PA 258
- Public Health Code, 1978 PA 368.

The bureau also serves as the state agency responsible for conducting certification activities on behalf of the Centers for Medicare and Medicaid Services (CMS) to ensure that covered health providers and suppliers meet federal conditions to participate in the Medicare and Medicaid programs. Federal certified providers and suppliers include: Ambulatory Surgical Centers, Laboratory Services, Comprehensive Outpatient Rehabilitation Facilities, Dialysis Centers, Home Health Agencies, Hospice Agencies and Residences, Hospitals, Nursing Homes, Outpatient Physical Therapy/Speech Pathology Providers, Portable X-Ray Suppliers, and Rural Health Clinics.

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.

STATE LICENSED PROVIDER TYPES

I. State Licensed Adult Foster Care (AFC) Homes and Camps

- AFC Family Homes
- AFC Small Group Homes
- AFC Medium Group Homes
- AFC Large Group Homes
- AFC County Infirmary
- AFC Congregate Homes
- AFC Camps

II. State Licensed Child Care Organizations

- Family Child Care Homes
- Group Child Care Homes
- Child Care Centers
- Children's Camps

III. State Licensed Health Facilities or Agencies

- Freestanding Surgical Outpatient Facilities
- Homes for the Aged
- Hospice Agencies and Residences
- Hospitals
- Nursing Homes (includes County Medical Care Facilities and Hospital Long-Term Care Units)

IV. Inpatient Psychiatric Hospitals and Units

V. State Licensed Substance Use Disorder Services Programs

VI. Nurse Aide Program

- Certified Nurse Aides
- Permitted Nurse Aide Training Programs
- Permitted Nurse Aide Trainers

REPORTING REQUIREMENTS

This report includes bureau activities related to state regulations. This report does not include activities related to federal certification workload conducted by the bureau as the state agency for Michigan on behalf of the federal Centers for Medicare and Medicaid Services (CMS).

(a) The number of complaints received, with the number of complaints specified for each profession or license type that the agency or bureau regulates.		
License, Certificate or Permit Type	Number of Providers 2019¹	Number of Complaints Received FY 2019
Adult Foster Care Homes and Camps under the Adult Foster Care Facility Licensing Act, 1979 PA 218	4,219	2,182
Child Care Organizations and Camps under the Child Care Organizations Licensing, 1973 PA 116	9,713	1,603
Health Facilities and Agencies under Article 17 of the Public Health Code, 1978 PA 368	1,239	4,138
Inpatient Psychiatric Hospitals and Units under Chapter 1 of the Mental Health Code, 1974 PA 258	55	178
Substance Use Disorder Services Programs under Article 6 of the Public Health Code, 1978 PA 368	1,201	4
Nurse Aide Program under Article 17 of the Public Health Code, 1978 PA 368	52,039	1,520

¹ Count as of time of report.

(b) A description of the process used to resolve complaints.

The bureau receives complaints related to state licensed providers by E-mail, U.S. mail, online, and phone. Following is a summary of the complaint process for all provider types under the bureau's jurisdiction.

A complaint is processed to determine if the allegations in the complaint potentially violate state or federal regulations under the bureau's jurisdiction. If the allegations do not, and contact information is available, the complainant is notified that the bureau does not have jurisdiction and other resources, if available, are identified for the complainant. If a potential violation is alleged, the complaint is triaged to determine priority of investigation. The complainant is then notified that the complaint has been received and processed.

A complaint investigation may be in the form of a desk review or onsite investigation depending on the circumstances. Prior to an investigation, the complainant may be contacted for additional information. During an onsite investigation, bureau investigators conduct their investigation by direct observations, record review, and interviews with provider staff, residents, and family members. During an investigation, additional documentation may be received by other agencies, including but not limited to law enforcement and protective service agencies.

A final investigation report is written indicating if the allegations were substantiated or unsubstantiated and any deficient practices cited in conflict with state or federal regulations. An allegation not substantiated means only that the bureau could not independently confirm the event happened. The final report is conveyed to the provider as well as the complainant. The provider is given an opportunity to correct when applicable, which could require a revisit to substantiate compliance.

Special Note: To eliminate duplication and conserve resources, complaints against dually state licensed and federally certified health facilities and agencies (surgery centers, hospitals, hospices, and nursing homes) are investigated under federal regulations, unless a violation of state regulation is alleged with no equivalent federal regulations.

For substance use disorder (SUD) services programs, the administrative rules require a complainant to file the complaint with the licensee. If the complainant is not satisfied with the response from the licensee, then the complaint may be filed with the regional entity responsible for SUD services in that jurisdiction. If the complainant is still not satisfied, then the complaint may be filed with the bureau. Most complaints are resolved at the first or second level, so the bureau receives very few complaints about SUD programs.

(c) A description of the types of complaints received with total counts of the number of complaints of that type received.

Type of Complaints		Number of Licensed Providers	Number of Complaints Received
Adult Foster Care (AFC) Homes and Camps	AFC Family Homes	746	220
	AFC Small Group Homes	2,392	1,192
	AFC Medium Group Homes	485	361
	AFC Large Group Homes	577	377
	AFC County Infirmarary	2	1
	AFC Congregate Home	9	31
	AFC Camps	8	0
Child Care Organizations	Family Child Care Homes	2,442	148
	Group Child Care Homes	1,668	197
	Child Care Centers	4,541	1,231
	Children's Camps	1,062	27
Health Facilities and Agencies	Freestanding Surgical Outpatient Facilities	149	62
	Homes for the Aged	293	421
	Hospice Agencies and Residences	170	30
	Hospitals	168	763
	Nursing Homes	459	3,283
Mental Health Facilities	Inpatient Psychiatric Hospitals and Units	55	178
Substance Use Disorder Services Programs (SUD) Programs	SUD Programs	1,201	3
Nurse Aide Program	Nurse Aides	50,658	1,520
	Nurse Aide Training Programs	231	0
	Nurse Aide Trainers	1,150	0

(d) The number of investigations initiated and the number of investigations closed.

License, Certificate or Permit Type	Number of Investigations Initiated	Number of Investigations Closed²
Adult Foster Care Homes and Camps	2,311	2,285
Child Care Organizations and Camps	1,804	1,920
Health Facilities and Agencies	453 ³	469
Inpatient Psychiatric Hospitals and Units)	3	2
Substance Use Disorder Services Programs	4	5
Nurse Aide Program	1,520	647

(e) The number and type of enforcement actions taken against licensees and metrics regarding any adverse actions taken against licensees including license revocations, suspensions, and fines.

License, Certificate or Permit Type	Revocations	Suspensions	Fines
Adult Foster Care Homes and Camps	50	10	0
Child Care Organizations and Camps	71	14	0
Health Facilities and Agencies	2 ⁴	0	0
Inpatient Psychiatric Hospitals and Units	0	0	0
Substance Use Disorder Services Programs	0	0	0
Nurse Aide Program	25	0	0

² Closed investigations may include investigations carried over from the previous fiscal year and completed in the current fiscal year.

³ The number of investigations initiated for Homes for the Aged, under state administrative rules, was 430. The number of investigations initiated under state administrative rules for all other health facilities of agencies was 23. All others were investigated under federal regulations.

⁴ Two Homes for the Aged had their licenses revoked. No other health facility or agency licenses were revoked.