



Licensing and Regulatory Affairs
Bureau of Community and Health System

**Health Facility and Agency
Closure Plan Checklist**

Facility Name			
Facility License Number		CCN Number	
Facility Address			
Facility Type	<input type="checkbox"/> Hospital <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Home for the Aged <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice Agency <input type="checkbox"/> Hospice Residence <input type="checkbox"/> Freestanding Outpatient Surgery Facility (FSOF)		
Contact Name			
Contact Email			
Contact Phone			
Closure Type	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Emergency		
Proposed Closure Date			

To assist in complying with state licensing, and Medicare and Medicaid certification requirements, a health facility or agency must receive approval of the proposed closure of a health facility or agency prior to implementing the closure plan. This is done through submitting a closure plan and draft notification letters as detailed in the following checklist.

This checklist will serve as the index to the closure plan with page locations being noted for each required and applicable requirement.

Applicability	Closure Plan Requirement	Page Number
Required	Identify: <ul style="list-style-type: none"> • The last date for new admissions to the facility. • The proposed closure date that the last patient will be discharged or transferred from the facility. • The number of patients receiving care and services at time of draft plan submission. 	

Applicability	Closure Plan Requirement	Page Number
Required	<p>Describe methods to prepare patients for transfer or discharge:</p> <ul style="list-style-type: none"> • Communication of relocation options to ensure the patient, guardian, and legal representative can make an informed choice. • Preparation and orientation for voluntary and involuntary transfer or discharge. • Procedures for safe transfer. • Transfer of belongings and the up-to-date patient care records, including archived files, minimum data set, and discharge assessment. • Storage location and contact information for medical records not transferred with patients. • Procedures for continued assessment of care needs. 	
Required	<p>Describe methods to prepare facility and staff, including medical director and other clinical staff:</p> <ul style="list-style-type: none"> • Identify specific individual(s) responsible for daily operations, facility operations and closure activities. • Written notification of closure by the administrator. • Ensure adequate staff for needs of the patients. • Supplemental funding for daily operations, if necessary. • Ongoing payment of staff salaries, and vendor and contractor expenses. • Ongoing accounting, maintenance, and reporting of patient's personal funds. • For nursing homes only, acknowledge review of CMS document S&C 13-50-NH. 	
Required	<p>Identify the final disposition of the license, licensed beds, and any applicable certification:</p> <ul style="list-style-type: none"> • For licensed beds, describe the intended outcome of the beds at the time of closure. This may require submission of a state licensing applications to delicense the beds or a building program agreement to hold the beds until the beds can be transferred to another licensed site. • If federally certified to participate in Medicare and Medicaid, submit a CMS-855A for voluntary termination to the applicable Medicare Administrative Contractor (MAC); and provide a letter of confirmation, including the CMS-855 submission date and the effective date of the termination to the state agency via email to LARA-BSCSupport@michigan.gov. 	

Applicability	Closure Plan Requirement	Page Number
Required	<p>Submit the draft closure plan for Medicare certification approval and provide notice at least 60 days prior to closure at plan implementation.</p> <p>Bureau of Survey and Certification Department of Licensing and Regulatory Affairs P.O. Box 30664 Lansing, MI 48909</p> <p>Email: LARA-BSCSupport@michigan.gov</p> <p>Phone Number: 517-284-0193</p>	
Required	<p>Submit the draft closure plan for state licensing approval and provide notice at least 30 days prior to closure at plan implementation.</p> <p>Bureau of Community and Health Systems Department of Licensing and Regulatory Affairs P.O. Box 30664 Lansing, MI 48909</p> <p>For Hospital, Psychiatric Hospital, Hospice Agency and Residence, and FSOF:</p> <p>Non-Long-Term-Care State Licensing Section Email: lara-bchs-nltcsls@michigan.gov Phone Number: 833-757-7308</p> <p>For Home for the Aged and Nursing Home:</p> <p>Long-Term-Care State Licensing Section Email: lara-bchs-ltcsls@michigan.gov Phone Number: 877-458-2757</p>	

Applicability	Closure Plan Requirement	Page Number
Required	<p>Notify the State Long Term Care Ombudsman at plan implementation and provide a copy of the approved closure plan.</p> <p>Michigan Long Term Care Ombudsman Program Michigan Elder Justice Initiative 15851 South US 27, Suite 73 Lansing, MI 48912</p> <p>Email: SLTCO@meji.org</p> <p>Phone Number: 517-827-8040</p>	
As Applicable	<p>For a nursing home with Medicaid beds, submit the draft closure plan for Medicaid approval, and provide notice at plan implementation. Note, the Nursing Facility Closure Coordinator can offer a variety of resources and support.</p> <p>Sarah Cox, Nursing Facility Relocation Coordinator Bureau of Medicaid Policy and Health Systems Innovation Michigan Department of Health and Human Services P.O. Box 30479 Lansing, MI 48909</p> <p>Email: coxs10@michigan.gov</p> <p>Phone Number: 517-230-2482</p>	
As Applicable	<p>For a hospital with Medicaid beds, submit the draft closure plan for Medicaid approval, and provide notice at plan implementation.</p> <p>Teresa Long, Rate Setting Section Hospital and Clinic Reimbursement Division Michigan Department of Health and Human Services P.O. Box 30479 Lansing, MI 48909</p> <p>Email: longt@michigan.gov</p> <p>Phone Number: 517-712-7061</p>	

Applicability	Closure Plan Requirement	Page Number
Required	<p>Notify patients, guardian, and other legal representative in an understandable language and manner with the following information:</p> <ul style="list-style-type: none"> • Details of the closure plan. • Contact information of individuals responsible for the facility’s daily operation and closure activities. 	
As Applicable	<p>Notify patient, guardian, and other legal representative with the following contact information for additional services:</p> <ul style="list-style-type: none"> • For nursing home only, the name, address, and phone number of the LTC Ombudsman (see above). • For patients with mental illness, physical disabilities, and developmental disabilities, the mailing address and telephone number of the Michigan Protection & Advocacy Service (MPAS). <p>MPAS, 4095 Legacy Parkway, Lansing, MI 48911</p> <p>Phone Number: 517-487-1755</p>	
Required	<p>Notify, if applicable:</p> <ul style="list-style-type: none"> • Physician for each patient • Vendors • Local community mental health authority • Local community mental health OBRA coordinator • Local medical control authority (hospitals only) • Unions • Other community partners • Other State or Federal Agencies, such as medical waste license, controlled substance license, etc. 	
Required	<p>Provide copies of the following documents:</p> <ul style="list-style-type: none"> • Notices to governmental agencies • Notice to vendors • Procedures on facility closure, new or existing • Procedures on patient transportation to new location • Procedures on transfer of patient record and belongings • Materials provided to assist in relocation options 	