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

COMMISSION MEETING

BEFORE AMY L. MCKENZIE, M.D., CHAIRPERSON

333 South Grand Avenue, Lansing, Michigan

Thursday, December 8, 2022, 9:30 a.m.

COMMITTEE MEMBERS:	JAMES FALAHEE, VICE CHAIRPERSON AMY ENGELHARDT-KALBFLEISCH, D.O. ERIC FERGUSON, M.D. DEBRA GUIDO-ALLEN, R.N. DONALD HANEY MELANIE LALONDE LORISSA MACALLISTER, PH.D. RENEE TURNER-BAILEY
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Thursday, December 8, 2022 - 9:30 a.m.

DR. MCKENZIE: Good morning, everybody. We're going to call the meeting to order. Thank you for joining us for the December Certificate of Need meeting. Hope everybody has been doing well for the holidays and had a good Thanksgiving.

Our first item on the agenda -- actually, before I do that, let me just mention that I just want to remind at the outset because we have a fair bit of public comment that came in on some of the standards and I know we likely will have some public comment today and so limit your comments to three minutes so -- and Kenny will keep track of that for us. So if you could keep those comments to three minutes just so we can keep the meeting moving and get through and be efficient, get everybody out on time I would appreciate it.

So first item is the review of the agenda which is in your packet before you.

MR. FALAHEE: This is Commissioner Falahee. I'll make a motion to approve the agenda in front of us.

DR. MACALLISTER: Commissioner Macallister support.

DR. MCKENZIE: All in favor?

ALL: Aye.

DR. MCKENZIE: Any against? Okay. The agenda passes.

(Whereupon motion passes at 9:31 a.m.)

DR. MCKENZIE: The next item is declaration of conflicts of interest, and the summary of that is in your packet as well. So if there are any commissioners that have a conflict of interest, we can record that now. Great. Thank you. Hearing none, I'm going to move us forward to agenda item four which is our review of the minutes which are also included in your packet from the meeting of September 15th, 2022.

MR. FALAHEE: Commissioner Falahee, move approval of the minutes.

MR. HANEY: Commissioner Haney, support.

DR. MCKENZIE: Thank you. All in favor?

ALL: Aye.

DR. MCKENZIE: Any against? Okay. Minutes are approved.

(Whereupon motion passed at 9:32 a.m.)

DR. MCKENZIE: As we move into agenda item five and the substantive part of our meeting, we are going to -- I know in the past while we were doing the Zoom calls we did a voice roll call. We're actually going to go back to what we did prior for our in-person meetings and I'm just going to have you raise your hands if you agree and that way we

can go around and quickly record that. So -- okay. So the Psych Beds and Services, there's a public hearing summary that I'm going to turn it over to Kenny. And we do have two Psych Bed items. If you recall from our last meeting we chose to do that because there was a separate item that came through on a definition related to the Med Psych Unit, so that's going to be item six. So I didn't want everybody to get confused. So there are two separate items, what the workgroup handled and then what came in separately related to this Med Psych definition. So we're going to start with the Psych Bed Services and I'll turn it over to Kenny to summarize.

MR. WIRTH: Thank you. So if you'll recall at the September Commission meeting, the Commission took proposed action on the informal workgroup's language that is in front of you today. We sent this language out to public hearing and to the Joint Legislative Committee. Testimony was received from five organizations in support of the workgroup's language. The Department is supporting the language as presented by the informal workgroup at the September meeting and supports moving this language forward to final action and transmitting to the Governor and the JLC for the 45-day review period. The Department does not at this time support an alternative proposal provided through the public hearing that would award half of the ten

comparative review points based on current Medicaid participation methodology and to award the other half of the ten comparative review points based on proposed methodology. The Department recommends that the Commission form a workgroup or a Standard Advisory Committee for further review and discussion of this proposal. The Department also does not support proposed changes provided through the public hearing to accept the most recently submitted Medicaid cost report as opposed to the most recently reviewed and accepted cost report. Certificate of Need is unable to verify data in Medicaid cost reports that have not yet been reviewed and accepted. If the Commission chooses to take final action on the language as presented, the language will be forwarded to the JLC and the Governor for the 45-day review period. The 45-day review period must include not less than nine legislative session days. If the language is not disapproved, it becomes effective upon expiration of the 45-day period.

DR. MCKENZIE: Okay. Do we have any public comment?

MR. WIRTH: Yes. I'll ask Scott Miles first.

MR. FALAHEE: This is Commissioner Falahee. For those that may not be used to the process -- I see some veterans are -- we're back to the old fashioned way of turning in your blue cards up to Kenny or Kate or Malcolm or

Beth. So that the old fashioned way, we'll go back to that. That's probably a better way of knowing what testimony we've got coming up, so thank you.

SCOTT MILES

MR. SCOTT MILES: All right. Good morning, Chair McKenzie and committee members. Thank you for your time today. I'm Scott Miles. I'm the CEO of Cedar Creek Hospital in St. Johns, Michigan. Today I'm representing Universal Health Services and we operate Cedar Creek, Forestview Psychiatric Hospital, Havenwyck Hospital, and Beaumont Behavioral Health. In addition to the written statements we already submitted, I'd like to emphasize our stance on the Psychiatric Bed standards. Specifically, we agree with the Department that the draft Psychiatric Bed standard should be adopted as written. We also agree that any further changes to the draft Psychiatric standards, including the proposed change that awards comparative review points for Medicaid participation to five points from a statewide standpoint and five points to only those within the service area should be further reviewed and discussed in an informal workgroup or advisory committee meeting.

We believe this change would be contrary to the intent of awarding points to those who serve the highest number of Medicaid patients regardless of service area and would therefore be contrary to 223 -- 22230 of the public

health code. In order to meet the true intent the facility serving the largest number of Medicaid patients from anywhere in the state should be awarded the points. Therefore, the Psychiatric Bed standards, again, should be adopted as drafted in our opinion. So thank you for your time and do you have any questions?

DR. MCKENZIE: Thank you. Any questions from the commissioners?

MR. FALAHEE: This is Commissioner Falahee. One question. You didn't say anything about the Medicaid cost report issue and the Department's recommendation is, you know, they've got to be not just submitted, but also approved. Do you have a position on that?

MR. SCOTT MILES: We agree with the Department.

MR. FALAHEE: Okay. Thank you. The Department likes to hear when people agree with them.

MR. SCOTT MILES: It's more accurate data. We --

MR. FALAHEE: Okay. Thank you very much.

MR. SCOTT MILES: -- it's for good reason.

MR. FALAHEE: Thank you.

MR. WIRTH: Next we have Melissa Reitz of McCall Hamilton?

MELISSA REITZ

MS. MELISSA REITZ: Gosh, I'm so used to having to sign in when I come up here. Good morning. Melissa Reitz

with McCall Hamilton. First, let me just say it's a pleasure to be up here at the podium again for the first time in quite awhile and it's great to see everybody's faces. So great call on the -- on this.

I actually was part of a group that presented or submitted that, the compromised proposal and so I wanted to just, one, make myself available to see if there were any questions about it, but also I wanted to add that since that was put together, you know, at the time that the workgroup was meeting, my understanding is that the most recently reviewed and accepted Medicaid cost reports were from 2018 and those had to be used for several comparative review cycles because there was something going on with the system by which those were submitted and reviewed. And so that was really an attempt to try to bring more current data into the reviews. But I learned actually just yesterday that, in fact, that system has been -- whatever the issue was has been resolved and, in fact, those cost reports are now being reviewed and accepted in about a five month period of time. And so completely agree with the Department that that language should not be changed. You know, certainly reviewed and accepted reports are the best and so now that that's been resolved, we completely agree with that. So other than that, I would be happy to entertain any questions.

DR. MCKENZIE: Thanks, Melissa. Any questions from the commissioners?

MS. MELISSA REITZ: All right. Thank you very much.

MR. WIRTH: Next we have Sean Gehle of Trinity Health.

MR. FALAHEE: You can leave that hat on there.

MR. SEAN GEHLE: It's not polite.

SEAN GEHLE

MR. SEAN GEHLE: Thank you, Madam Chairperson and members. I am Sean Gehle. I represent Trinity Health Michigan. We've commented to you through several written comments. We wanted to thank you for your work in developing the proposed revisions to the CON review standards for Psychiatric Beds and Services. We agree with the Department of Health & Human Services' positions relative to their recommendations around Medicaid days. And just wanted to reiterate that we support the requirement in the Michigan Public Health Code that Medicaid participation be significantly weighted in review of CON applications for Psychiatric Beds subject to comparative review as an indication of an applicant's willingness to serve the state's Medicaid population including Medicaid patients anywhere in the state, not just within the applicant's own HSA.

Again, thank you. You have our written comments around this issue and I will also be commenting on the Med Psych Bed issue as well.

DR. MCKENZIE: Thank you. Any Commissioner questions?

MR. FALAHEE: Commissioner Falahee. I love your tie, Mr. Gehle.

MR. SEAN GEHLE: Thank you, Chip -- Commissioner.

MR. FALAHEE: I'm sorry you lost the bet -- I'm happy you lost the bet. On a serious note, Sean, so the -- one of the items that people had approached the commissioners on for a workgroup issue was the awarding of points, you know, and Commissioner Ferguson's idea about, well, let's compromise and do half and half. What I'm hearing from you and I heard from Melissa was no, we support where the Department is at. Is that -- I'm just making sure I got an accurate reading of that.

MR. SEAN GEHLE: Yes; yes.

MR. FALAHEE: Okay. All right. Thank you very much.

MR. SEAN GEHLE: Thank you.

MR. WIRTH: I don't have any more blue cards on this topic. If someone didn't submit a blue card and would like to make comment on this topic raise your hand. If not, we can move forward.

MS. MELISSA REITZ: Can I make one clarifying statement?

MELISSA REITZ

MS. MELISSA REITZ: Sorry. I apologize. That's what I get for not bringing my notes up to the podium with me. One thing I did want to clarify is that I was not necessarily saying I was in support of not making a change, just not to the Medicaid cost report piece. But then also I just wanted to say that this topic was I think very thoroughly discussed at the SAC -- or, I'm sorry, it wasn't a SAC -- at the workgroup level and I guess I would just say that sending it back out to another workgroup, I don't know that that would be very fruitful in terms of I think that it's been discussed and discussed and discussed ad nauseam. So I would, you know, maybe just caution against that. If you're going to form a SAC for something else, you can certainly add it to it. But that's, you know, kind of my thoughts on that piece. So thank you.

DR. MCKENZIE: No other comments?

MR. WIRTH: No more.

DR. MCKENZIE: Thank you. So I will open it up to Commission discussion. This is a final action item. So the language that we would be approving will go to the JLC for the 45-day review period. I think the question that we have in front of us is also how do we handle this 50/50 proposal

that came in and is this something where we want this to be entertained further. We could form -- I would recommend a workgroup. As all of you know, forming a SAC can be challenging. And if we were -- we have had some discussions -- and, Kenny, let me confirm again. If we were to form a workgroup around, how quickly would that, to entertain this particular item around the Medicaid days because we don't have consistent testimony on this?

MR. WIRTH: With the current work plan the Commission has, I think we could probably do late January/early February for a start date for that workgroup. We're wrapping up the Nursing Home workgroup hopefully in the next two months and then CT I think will wrap at the end of this month.

DR. MCKENZIE: Okay. And so if we were to form a workgroup, we have, like, very limited charges. There may be an impact as well with item six which we're not getting into yet, but we will in a couple minutes related to a need around a Psych Beds workgroup. But, Chip, did you have anything else you wanted to talk?

MR. FALAHEE: Yeah, just -- this is Commissioner Falahee. From what I was hearing from the witnesses that issue of splitting the Medicaid days five points here, five points there, what I thought I heard was consistency that, no, leave it like it is now because it complies with the

statute which is always a good thing, and it matches what's out there in the field right now. And as Melissa said in her addendum, it was thoroughly discussed at this workgroup. So if that would be the only item going to workgroup, I don't know if we actually even need that to happen because from the witness's point of view what we've got now works, which leads me to ask a question of Kenny or Beth or Malcolm, whatever, or Kate. So the language that was presented at the September 15 Commission meeting, that did not include what I call -- what we call the half and half proposal. Right? So if the Commission said we approve the language as presented at the September 15 meeting, we wouldn't have to say anything like "exclude the half and half language" because it wasn't in there; right?

MR. WIRTH: You're correct.

MR. FALAHEE: Okay. And then the issue regarding Medicaid cost reports, again, we wouldn't have to say anything separate about that because we're now hearing that, yes, the system is up to speed, things are moving forward. So if the Commission chose to say yes, we could just say yes to the September 15 presentation and then move forward from there? Okay. I'm just making sure.

MR. WIRTH: Yup.

MR. FALAHEE: All right. Thank you.

DR. MCKENZIE: Thank you. That was helpful

clarification. So any other Commission discussion, questions, thoughts or we can entertain a motion.

MR. FALAHEE: This is Falahee. Before I just -- I lose what I just said, I'll make a motion. That the Commission support the language from the workgroup and all the work that went into that workgroup -- I'm looking at Dr. Jain there -- that was presented at the September 15 meeting, that we take final action. The language would then be forwarded to the Joint Legislative Committee and the Governor for 45-day review knowing it will take a little bit awhile because I doubt if there's going to be nine legislative session days any time soon. That would be my motion.

DR. MCKENZIE: Thank you. Any discussion? Second?

DR. ENGELHARDT-KALBFLEISCH: Commissioner Engelhardt, second.

DR. MCKENZIE: I guess now I'm supposed to ask if there's any further discussion. Sorry. Any further discussion? Okay. Then I will take a vote. And as I mentioned we're going to raise hands. So if you're in favor, please raise your hand to the proposal.

DR. MCKENZIE: Okay. Looks like everybody here, all the Commissioners are in favor so the motion passes. Thank you very much.

(Whereupon motion passed at 9:47 a.m.)

DR. MCKENZIE: That's much easier than roll call. Okay. I will move us forward to agenda item six, which is the Psychiatric Bed Services and this is the Med Psych Unit definition that we pulled out. There was public hearing on this item. I know we received a bit of public -- or a bit of feedback that's in your packet and we also, I believe, have public comment on this. So, I'm going to turn it over to Kenny to summarize and then we'll take public comment.

MR. WIRTH: Thank you. I'll try to make this as clear as I can because I know it gets a little confusing when we have two sets of standards in front of us. So at the Commission meeting in September, the Commission requested that the Department draft language to update the definition of Medical Psychiatric Unit, consult with Licensing and Regulatory Affairs to ensure that language is agreeable, and then send that definition out to a public hearing and to the JLC. Testimony was received from two organizations in support of this language and two organizations in opposition of this language. The Department does not support the proposed changes to the definition of Medical Psychiatric Unit at this time. The Department's recommending that a workgroup or Standard Advisory Committee be formed to further review and discuss modifications to the definition.

I want to make sure it's very clear if the Commission decides not to take final action on this proposed change to the Medical Psychiatric Unit definition, it will not impact or delay the final action that was already taken on the workgroup's recommended changes to the Psychiatric Beds and Services review standards. The Commission sent two drafts of the Psych Beds review standards to public comment to allow for the workgroup's recommended changes to advance and to give the Commission the ability to determine whether or not to advance a revised definition of Med Psych Unit.

If the Commission chooses to take final action on the language as presented, then the language will be forwarded to the JLC and the Governor for the 45-day review period. The 45-day review period must include not less than nine legislative session days. If the language is not disapproved, it becomes effective upon expiration of the 45-day period. Thanks.

DR. MCKENZIE: Thank you. We can take public comment.

MR. WIRTH: Yeah. So first up I have Dr. Jain.

MS. TURNER-BAILEY: Dr. McKenzie?

DR. MCKENZIE: Yes.

MS. TURNER-BAILEY: Commissioner Turner-Bailey. I'd just like to ask if everybody could speak up because --

DR. MCKENZIE: Hard to hear.

MS. TURNER-BAILEY: -- since we don't really have microphones, it's very difficult to hear sometimes.

DR. MCKENZIE: I know. Yeah; yup.

MS. TURNER-BAILEY: Thank you.

DR. MCKENZIE: Absolutely.

SUBODH JAIN, M.D.

DR. SUBODH JAIN: Well, thank you, everyone. Thank you for having me, Madam Chairperson and members of Commission. My name is Dr. Subodh Jain and I'm here on behalf of Corewell Health and as recent chair of CON Psych Bed workgroup.

So in my role at CON and working with the group, I had always established that our personal business and charter interest should not dictate the mission and commitment of serving this population: the weak, the vulnerable and the poor. It is our responsibility to bring best efforts pertaining to just and rational public policy that may shape access to care for our fellow citizens for many years to come. Staying true to this commitment, we had achieved consensus on various items despite a lot of differences. So I'm very proud of what we could achieve together. I pledge to put forth this proposal with similar sanctity and urge my colleagues for the same.

So we have a very unique ask for you, Commission. That I believe in the best interest of patient care in

Michigan, especially for the behavioral health patients, we respectfully ask that we take the definition in front of you and separate out the freestanding portion of the definition and move that as well as the broader, underlying provision in standards on freestanding facilities offering Med Psych services to a workgroup. In the meantime, we would ask the Department to work with the interested stakeholders to draft language to allow flexibility for acute care hospitals to provide Med Psych Bed services. The reason behind this is we know the unprecedented behavioral health crisis right now. Acute care hospitals are bursting at their seams. We have highest acuity. EDs are beyond capacity and behavioral health patients are extremely difficult to place anywhere. So -- especially children. We have Helen DeVos Children's Hospital at -- on our site and at any given time pre-pandemic we used to have five or seven patients were in the hospitals. Now we have 35 to 40 patients every single day and none of those patients can actually be placed anywhere because those beds do not exist.

So in return, we want to invest in behavioral health care and appropriate and dignified care for those patients which are not good for -- good in Med Surge beds. The other reason is those Med Surge beds with the RS research, with the influenza, with the flu surge we recently had beyond capacity hospital by 30 to 40 beds to the point

our ICUs were full and we were having to -- or fly patient outside of state. So for the purpose of that, we need adequate behavioral health centers which could be in the acute care hospitals while leaving the Med Surge beds to actually the sick kids who needs intuba- -- who need intubations and other things.

So with that sense, I urge the Commission to help us resolve this crisis with a rational and just public policy. Thank you.

DR. MCKENZIE: Thank you. Commissioner questions?

MR. FALAHEE: Dr. Jain, just to make sure I understand what you're saying. All right? On the freestanding language that we've got in front of us here, you're suggesting that that language be sent to a workgroup?

DR. SUBODH JAIN: That's correct.

MR. FALAHEE: All right. And to carve out from the language the acute care portion. And you're suggesting that the Department, if the Commission agrees, work to come up with a definition for the acute care side of the equation and work with you or other experts on that, is that what you're requested?

DR. SUBODH JAIN: Absolutely; correct. That's exactly what we're asking.

MR. FALAHEE: Okay. And let me direct a question to the Department. If the Commission voted along those

lines, is that something the Department would be comfortable taking on and working with itself and with the others, experts, to come up with language that we could potentially review? I don't know if it would be at our January meeting, but for sure by the March meeting. Is that something that would fit within the Department's bailiwick?

MS. NAGEL: Yes. I think we could accommodate that request with very specific instruction from the Commission.

MR. FALAHEE: Right. Thank you, Doctor.

DR. MCKENZIE: Actually, I had a question as well. I'm going to further clarify from what Commissioner Falahee just mentioned. First of all, again, I want to reiterate our thanks for leading the workgroup as well as all of this work, the passion that you bring and what you're able to speak to and what you're seeing in the systems of just bursting at the seams. I think, you know, I want to acknowledge that as well.

I think the question that I have is related to the recommendation that you're making of the carve out. From your understanding and conversations that you've had -- because we have had feedback both directions is what we've heard on public comment and I'm sure we're going to hear from others -- is the freestanding issue that you're recommending we take out, has that been one of the key

things that you have heard is a concern to others from the feedback or are there other pieces of this definition that are not agreed to? I hope my question makes sense.

DR. SUBODH JAIN: Absolutely makes sense. So it's the freestanding issue. So the issue that was brought forth is would it -- because we have not vetted it enough about the freestanding hospital, would it even make sense for freestanding hospitals to practice in the Med Psych area and not circumvent anything? So I think that is a valid concern even though we brought forth the definition in best interest and good faith, but it was probably looked at differently from the people who -- or the organizations which are affected. However, there have been no concerns about the acute care because it makes more sense right now for the acute care hospitals to actually serve.

DR. MCKENZIE: Which is why the recommendation is for the Department to go back --

DR. SUBODH JAIN: To bifurcate --

DR. MCKENZIE: -- to bifurcate the Department to go back so that we can address the bursting at the seams issue as quickly as possible? Is that how I'm understanding it?

DR. SUBODH JAIN: That's right.

DR. MCKENZIE: Okay. Thank you. Any other Commission questions?

DR. FERGUSON: Yeah, question for you Dr. Jain or for the Department. Just -- and it's a little bit navigating this same -- I'm just -- I'm trying really hard to make sure I -- so I think I heard you say that you wanted to bifurcate it, solve part of the problem, send part of it to workgroup. Can you or the Department clarify -- I think I also heard that the Department would like to have some stuff go to workgroup. What did the Department want to go to workgroup versus what you were recommending, Dr. Jain, go to workgroup?

MR. WIRTH: We were looking at this as the definition that was sent out as a whole to the public hearing. So if we were to not -- the Department did not consider parsing the two apart. So our recommendation was if they were to stay together, the whole definition goes back to a workgroup. This, you know, if the Commission decides to go this direction -- and I'd look to Beth to confirm -- but I think we can make this work, too.

DR. FERGUSON: Okay. Thank you.

MR. WIRTH: Yup.

DR. MCKENZIE: Could I ask a follow-up question to that of Dr. Jain? If the full definition were to go back to the workgroup, would there be concerns in handling it that way and, if so, what would they be?

DR. SUBODH JAIN: So the concerns would be

actually to implement the definition. There has been discrepancy. So any of the beds which are already approved by CON cannot be licensed under current definition. So if we go through a lengthy process of a workgroup or a SAC, it may delay the beds which are actually ready to be launched by year or two and we are already there. We needed all of this yesterday or maybe many years before. So I think it's just a delay of process and acute care hospitals will continue to suffer if we do not license those beds.

DR. MCKENZIE: So let me summarize what I heard there is there is a tremendous need in the hospital space. To your understanding there is agreement around this definition in the acute care setting, not in the freestanding setting, but in the acute care setting.

DR. SUBODH JAIN: That's correct.

DR. MCKENZIE: And if we were to move the whole definition back to a workgroup, it would create further delays for those patients that need these beds in the acute setting; is that correct?

DR. SUBODH JAIN: Yes.

DR. MCKENZIE: Thank you.

MS. BHATTACHARYA: Dr. McKenzie, can I ask one question? So, Dr. Jain, from the Department point of view we do have five projects that are approved for Med Psych Beds. One of them is for an acute care hospital, one isn't

acute, but others are freestanding. So the way I understood the problem, even with the current definition as is, the licensed acute care hospitals under Part 215 of the code there should be no issue to implement the Med Psych Beds in the same licensed hospital side because they already have that acute care license and they had CON approval for the Med Psych Special Pool Beds. So even without any change are they not able to implement those beds?

DR. SUBODH JAIN: Excellent question and that's what brought it to this proposal from us. So without the change of language, the hospitals do not actually have the flexibility how they use the beds in terms of clinical care. So when we say the Med Psych Beds, that means only medical diagnosis patients will actually be able to be admitted with it. While we as a children's hospital, which is an example I would use, we can use the Med Psych Beds for ICU step downs and all those things. But most of the kids who are absolutely never to replace, it will be -- it will be of no use if we have three beds open and we are putting the sickest psychiatric patients in the EDs or Med Surge beds because now we cannot use the beds which are up for the Med Psych unit. And so we wanted that flexibility. We have no intention of using for psychiatry only, but that's the reality we are here. So we do not want these acute care beds to be cornered just so that they are not be able to

utilized for when actual needs come. So that's the flexibility which this definition gives compared to, like, what it is currently.

MS. BHATTACHARYA: Okay. So just want to understand because there is one hospital in the state who has already licensed 28 Med Psych Special Pool Beds at their hospital. So they can still use those beds under the current definition or anyone -- any other acute care hospital can still license those beds, use those beds minus the added flexibility because there is no prohibition to license and utilize the beds right now as is. It's just you're asking for more flexibility; right?

DR. SUBODH JAIN: Flexibility, yes.

MS. BHATTACHARYA: I just don't want to put that one hospital who licensed the beds in harm's way because they have already implement the project, licensed their beds and started treating patients.

DR. SUBODH JAIN: I don't think this would harm anybody because it actually expands the scope.

MS. BHATTACHARYA: Okay.

DR. SUBODH JAIN: It does not reduce the scope. It's not a restrictive language. Even for the freestanding hospital it's not a restrictive language. It's just not being vetted enough so I think that's where the concern was from everyone. So it actually is -- encompasses all

hospitals to actually provide some more services and that's the need which we were trying to meet. So if as I understand and I interpret, this language is actually more inclusive and improves access.

MS. BHATTACHARYA: Thank you.

MR. FALAHEE: So this is Commissioner Falahee and thank you, Tulika, because when you used the phrase "beds ready to be launched," my question was what's he talking about? What beds are ready to be launched that can't be launched already? And I think that's where Tulika -- I never want to speak for Tulika. I've learned. But I -- I think that's the point that she's trying to make is you've got Med Surge capability now. So if you've got a patient that has -- Med Psych. I'm sorry. Med Psych. If you've got a patient that has medical issues and psych issues, no problem, that patient can be treated. But I think, Dr. Jain, what you're talking about -- correct me if I'm wrong -- is the pure, if there is such a phrase, psych patient. Right? No medical issue, shall we say, but pure psych. And are you saying that this language that you and the Department and others could come up would help free up the pure psych patient?

DR. SUBODH JAIN: So we will be able to flexibly use the Med Psych Beds for one off pure psych patients as well whenever we have. Now, we all know all freestanding

hospitals with all due respect do an amazing job, but all patients are not accepted in the freestanding hospitals. We know the truth. The toughest and most difficult patients, either they go to Hawthorne which has a very limited capacity, or they're in our hospitals. They're in our hospitals from 30 to 300 days. These patients are sitting in Med Psych/Med Surge beds for the longest time. So no matter what we saw for access in the freestanding hospitals, there are programmatic challenges, workforce challenges, whatever the cause is, we are not there yet. There are not enough residential beds in the state of Michigan. There are not enough crisis stabilization units in state of Michigan. We all know that's the fact. So when we have these patients using our Med Surge Beds, we really want these patients who we actually treated on a unit and we want that flexibility and not just having to be tied to a medical diagnosis because, again, it's whole person care.

MR. FALAHEE: Thank you.

DR. MCKENZIE: Any other questions from the Commissioners for Dr. Jain? That was very helpful. Thank you.

DR. SUBODH JAIN: Thank you.

DR. MCKENZIE: Any further testimony?

MR. WIRTH: Yes. I have one from Sean Gehle, Trinity Health.

SEAN GEHLE

MR. SEAN GEHLE: Good morning again. Thank you for allowing me to comment on behalf of Trinity Health Michigan. We appreciate again all of Dr. Jain's work in the informal workgroup. We support the proposal to bifurcate these two issues. One, to look at the definition of Med Psych Unit and sympathize with the issues that Dr. Jain and Corewell Health are trying to grapple with. At the same time we had expressed concern in our previous written comment around this issue and look forward to a conversation with all interested stakeholders around coming to some consensus on some language around this issue. We also agree with putting the freestanding psych issue into a workgroup and, again, look forward to the opportunity to participate in those conversations and, again, work with our stakeholders, all stakeholders, to come to some resolution of that issue. Beyond that, I can't add to anything that Dr. Jain explained. I think he did a great job. So we'll take any questions, but just know we support the proposal to bifurcate the two issues.

DR. MCKENZIE: So just so I can clarify. So you're in support of bifurcation and having the Department handle the acute care language --

MR. SEAN GEHLE: Yes.

DR. MCKENZIE: -- working with your entity and

others --

MR. SEAN GEHLE: Yes.

DR. MCKENZIE: -- on drafting that and then sending the freestanding language to the workgroup?

MR. SEAN GEHLE: Yes, we are.

DR. MCKENZIE: Okay. Thank you.

MR. SEAN GEHLE: Thank you.

DR. FERGUSON: Can I -- can I follow that up?

DR. MCKENZIE: Yup.

DR. FERGUSON: Again, I'm just trying to make sure exactly.

DR. MCKENZIE: Yes.

DR. FERGUSON: So you're supporting what the Department had originally proposed, the current working proposal from the Department of sending the whole definition to the working group or you're supporting the new working version which is to bifurcate it, to go ahead and proceed with the one setting but --

MR. SEAN GEHLE: I'm supporting the new proposed -- proposed concept of bifurcating the issue.

DR. FERGUSON: That's fine. I didn't -- thank you.

MR. SEAN GEHLE: Thank you.

DR. MCKENZIE: Thank you. Any other questions?

MR. SEAN GEHLE: Thank you.

DR. MCKENZIE: Thank you. Any other public comment?

MR. WIRTH: I don't have any other blue cards. If someone didn't get a blue card to me, I'll take you jumping up as wishing to submit a blue card. But I don't see anyone jumping up, so I think we're done with public comment on that one.

DR. MCKENZIE: So I'm going to open it up for Commission discussion. The item before us is really the final action on this language or how we want to handle it. I'll try to summarize as best I can and Commissioner Falahee can step in if I -- if I get it wrong here, or the Department.

MR. FALAHEE: You won't.

DR. MCKENZIE: But the Commission does not support the language that is currently presented on the change, the whole language, but recommended that that entire body of language be submitted to a workgroup for further work. We received public comments on the language both directions, some in support and some against, but there's a new proposal on the table that was put forward in order to be able to meet the need around going back and looking at this language, having the Department draft it with support from the experts in the field with very clear direction from us of what we wanted to do around this language. If I were

going to make a recommendation around that, it would be that we would pull out any language related to freestanding, move forward the existing language with acute care as kind of the initial draft, and then working with the subject matter experts in the field to be able to get additional feedback around any other tweaks and then bring that language back in January for review. If we review that language in January, then my understanding is it would then go out again for public comment so it would not be final action in January. We would still be able to get feedback, but it would prevent going into the workgroup setting which could take more months and a longer period of time. So anything to add?

MR. FALAHEE: Yeah, this is Commissioner Falahee. I would add one thing and then ask a question of the Department. The other would be that we would send -- the proposal would be to send the freestanding language to a workgroup so that set of issues can be discussed in that workgroup. The one question I would have for the Department is based on the discussion we've heard from Dr. Jain and from Mr. Gehle and then the question and answer session. Does the Department need further clarification of what needs to be done? Assuming the Commission says "Department, go do it"?

MS. NAGEL: Yes. Thank you for asking that. I -- I -- optimally what I would like is if the Commission were

specific enough to say revise the language with the flexibility that Dr. Jain mentioned. What I would -- I would like it to be, you know, very narrow in scope so that there aren't other potential experts that have other potential ideas that weren't discussed here today at the meeting.

MR. FALAHEE: Thank you.

MS. NAGEL: Thank you.

DR. MCKENZIE: Any other discussion?

MS. GUIDO-ALLEN: I just have one, yeah, discussion. When Dr. Jain said that the flexibility will benefit acute care hospitals, I want to reiterate that it will benefit the patients and their families that are sitting in these acute care hospitals and not getting the psychiatric behavioral health care that they so desperately need.

DR. MCKENZIE: Thank you. Comments, discussion? Okay. If there's no further comments or discussion, we're going to have to take a motion. And the Department is looking --

MS. GUIDO-ALLEN: Motion that Chip makes the motion.

DR. MCKENZIE: Good job.

MR. FALAHEE: Okay. The pressure is on. Thank you, Commissioner Guido-Allen. I'll remember that. So let

me propose this and I turn it to all my fellow commissioners to say "add that" or "take that out." All right? So number one, we have in front of us a proposed definition of "Medical Psychiatric Unit" in quotes, and based on the witness testimony and the discussion that ensued following the witness very helpful testimony, I would make a motion to bifurcate that definition that's in front of us of Medical Psychiatric Unit. And the way we would propose to bifurcate it is the language that deals with freestanding in that definition be sent to a workgroup so that it can be discussed -- to discuss pros and cons of that freestanding language and that that workgroup be held as soon as possible. And then the other part of the bifurcation is that the language that revolves around acute care, that language as we heard from the witnesses be looked at by the Department much like the language and the flexibility within that language that Dr. Jain proposed and that was discussed in the question and answer session -- sorry for the long motion -- and that the Department work with experts in that to come up with a definition for the acute care component and then submit that to the Commission if possible by the January meeting so it can then go out for public comment thereafter. And that would be my long motion. Sorry.

MR. WIRTH: And you would also like to delegate to the chairperson to draft the charge and seek and select the

chairperson for the workgroup, would that be in that motion, too?

MR. FALAHEE: Of course.

MR. WIRTH: Okay.

MR. FALAHEE: That's why I said, help from my friends. Thank you. No, thank you for bringing that up.

DR. MCKENZIE: So we have a motion on the floor. Any discussion or additions or a second? Actually, second first, then discussion. I'm sorry. Do we have a second?

DR. MACALLISTER: Support, Macallister.

DR. MCKENZIE: Thank you, Commissioner Macallister. Now, any discussion? Okay. We will take a vote. So if you are in favor, please raise your hand. Okay. The motion passes.

(Whereupon motion passed at 10:14 a.m.)

DR. MCKENZIE: And I am not going to try to reiterate what Commissioner Falahee just stated. So we will work on getting that language re-drafted.

MR. FALAHEE: Let me -- this is Commissioner Falahee. One of the advantages of being together in person is we can have discussions like this and I think that's valuable, and we can have discussions before the meeting about issues and I think that's also valuable. The Commissioners don't always like to have those last minute discussions, but -- as Mr. Walker is looking at me because

he knows, but -- and Mr. Gehle -- but sometimes they're very helpful. So we appreciate as chair and co-chair and the others having that discussion. These are not easy issues. But as Commissioner Guido-Allen said, any of us that are in hospitals now, we've got patients sitting there in the EDs that don't need to be there. We at Bronson transferred someone to Montana. That's what's going on right now. It's awful for the family and for the patient. Thank you.

DR. MCKENZIE: Yeah. And I do -- I appreciate everybody that was -- this one was a little bit difficult to get through. There was a lot of discussion to make sure we understood it. And while we try not to have last minute discussions, in this case I think we've come to the best outcome because we were initially walking into the meeting thinking we were going to send this all back to the workgroup. I don't think any of us wants to see those unnecessary delays at this point. So appreciate everybody pushing on this item.

Okay. So our next agenda item is PET and the public hearing summary and the information is in your packet and I'm going to turn it over to the Department, Kenny, to review.

MR. WIRTH: Thank you. And thanks, everyone, for the great discussion around Psych Beds. So for Positron Emission Tomography, at the September Commission meeting,

the Commission took proposed action on the language that is in front of you today. We sent this language out to public hearing and to the JLC. Testimony was received from one organization in support of the workgroup's language. The Department is supporting the language as presented at the September meeting and supports moving this language forward to final action and transmitting to the Governor and JLC for the 45-day review period. If the Commission chooses to take final action on the language as presented, then the language will be forwarded to the JLC and the Governor for the 45-day review period.

DR. MCKENZIE: Thank you. Do we have any public comment?

MR. WIRTH: I did not receive any comment cards for this topic.

DR. MCKENZIE: Okay. So I will open it up for Commission discussion. Any questions? So we basically have final action on the language which is before us. So if there's no questions or discussion, then I'll entertain a motion.

MR. FALAHEE: This is Falahee. I'll make the motion to approve the language that's in front of us as final language and that that language be forwarded to the Joint Legislative Committee and the Governor for the necessary 45-day review period.

DR. MCKENZIE: Do I have a second?

DR. MACALLISTER: Macallister, support.

DR. MCKENZIE: Thank you Commissioner Macallister. Any discussion? Okay. So if you are in favor, please raise your hand. Okay. All Commissioners are in favor.

(Whereupon motion passed at 10:17 a.m.)

DR. MCKENZIE: So the PET language passes and will head to the JLC and the Governor. So thank you very much.

Our next item on the agenda is the NICU Beds and Services and we have public hearing summary on that. I'm going to turn it over to the Department to Kate and Kenny to review.

MS. TOSTO: During the December -- I'm sorry, the September CON meeting, the Commission took proposed action and you have the language in your packet. The Department held a hearing --

DR. MCKENZIE: Could you speak up? Sorry.

MS. TOSTO: The Department held a hearing to receive testimony on the proposed language on November 3rd and written testimony was accepted for seven days following the hearing. The testimony was received from one organization in support of the proposed language and the Department supports the language as presented in the September 15th meeting. If the Commission takes final action on the language as presented, it will be sent to the

JLC and Governor for a 45-day review which must include at least nine legislative session days. And if the language is not disapproved, it becomes effective at the expiration of the 45-day period.

DR. MCKENZIE: Thank you. Do we have any public comment at all?

MS. TOSTO: No.

DR. MCKENZIE: No public comment. Okay. So I will open it up for any Commission discussion or questions. This is a final action item. So if there's no questions or discussion, I will also entertain a motion.

MR. FALAHEE: I see people looking at me. This is Falahee. I'll make a motion. That the Commission take final action on the action that was -- or the language that was presented at the September 15 meeting and that that language be forwarded to the Joint Legislative Committee and the Governor for the necessary 45-day review period.

DR. MCKENZIE: Thank you, Commissioner Falahee. Do I have a second?

MS. TURNER-BAILEY: Commissioner Turner-Bailey support.

DR. MCKENZIE: Thank you. Any discussion? Okay. We will take a vote. Please raise your hand if you are in favor of approving the language. All are in favor so the motion passes. Thank you very much.

(Whereupon motion passed at 10:19 a.m.)

DR. MCKENZIE: Okay. We are on to agenda item nine which is the review of the CON Commission biennial report to the JLC. This is a pretty thorough report. It is in your packet. It goes through all of the activities that the CON Commission, all of the work that we've been doing along with the Department in, you know, reviewing the various different standards as well as all of the administrative activities as well. So do I need a motion on this item?

MR. WIRTH: Yeah. So we reviewed this at the September meeting. What we'll need today is just a motion and a second and then just an all in favor/all opposed vote, and then we'll send this to the JLC by January 1st.

DR. MCKENZIE: Okay. Thank you very much. So I will take a motion unless there's any questions.

DR. FERGUSON: Motion to adopt the final report, annual report and send on.

DR. MCKENZIE: Thank you, Commissioner Ferguson.

DR. ENGELHARDT-KALBFLEISCH: Engelhardt second.

DR. MCKENZIE: Thank you. Any further discussion, questions?

MR. FALAHEE: This is Commissioner Falahee. I just want to thank the Department once again. I know the hard work that goes into this. I know sometimes it gets

submitted to the Joint Legislative Committee and some legislators that I've met with in person aren't even aware they're on the Joint Legislative Committee or that one exists. I think that'll change going forward based on some other changes. But I want to thank the Department for the work in pulling this together and the great work that the Department does for, as Commissioner Guido-Allen said, the patients that are in our hospitals and our facilities. So thank you very much.

DR. MCKENZIE: Thank you, Commissioner Falahee. I would echo that tremendously. It is a -- it's a lot of work. It's a great report. So thank you very much. Okay. So I will take a vote. All in favor of passing the biennial report to be forwarded to the JLC raise your hands. Okay. That item passes. Thank you very much.

(Whereupon motion passed at 10:21 a.m.)

DR. MCKENZIE: Our next item is a legislative update and I'm going to be turning it back over to the Department to Kate.

MS. TOSTO: Since the September CON meeting there have only been two legislative session days so we don't have any legislative updates for you on any of the bills we've been tracking and that also means that the MRI and MRT standards that were submitted to the JLC on September 23rd are not yet effective.

MR. FALAHEE: And this is Commissioner Falahee. I would add that 12:30 last night the Rural Emergency Hospital designation was approved. And I say that because I know that there's one hospital in the state that's looking at that. What that basically means is for those hospitals that choose REH federal language and then the state approved, you give up your inpatient beds and you're basically an emergency department/emergency room. And the hospital that may do that is down in the southwest Michigan corner where I'm at, that's Sturgis Hospital that has been struggling of late. And I actually met with the senior executives of Sturgis on Monday and they were very hopeful that this legislation passed in a very quiet lame duck and it passed early this morning.

DR. MCKENZIE: Thank you. Okay. Moving on we're going to go with our administrative updates and first we have Commission and Special Projects Section Update which Kenny is going to be providing.

MR. WIRTH: Yeah. So first off, toss over to Beth for a little announcement about our section.

MS. NAGEL: Yes. Thank you, Kenny. I have some very exciting news to share with the Commission. Marcus Connolly is joining us at the table today, and a face that you may have seen before as he has been a review specialist in Tulika's team. I don't -- you know, all due respect to

Tulika, I snagged him from that area and he's now the manager -- oh, actually, I'm sorry, starting Monday -- the manager of commissions and special projects managing the dream team of Kenny and Kate. So you will start to see Marcus more at the table and at these meetings as he really takes on the role of supporting the Commission and your work.

DR. FERGUSON: Welcome.

MR. FALAHEE: Congratulations. And when Beth informed Chairman McKenzie and I of this, we both went "you can't leave. We still need to be able to call on you." And she has graciously agreed. If there's something that involves an issue that we discussed three or four years ago and Malcolm's (sic) like, "whoa, what's this about," we will be able to extract Beth from wherever it is what she's doing. So, Beth, thank you for many, many years of great service. And, Malcolm, thank you.

I would like to divert a little bit because we as Commissioners are losing one of our own after today. Commissioner Lalonde has submitted her resignation. So I wanted to thank her for many years of service around this table through some thorny issues. So I wanted to thank you as well.

MS. LALONDE: Thank you.

MR. WIRTH: Awesome. And then I do want to --

we've received a few questions about the recalculated hospital bed need numbers. Normally we would be setting an effective date at this meeting. While we were running the data on that, we received new data from the MIDB for 2021. So in consultation with the chair and vice chair, we decided to push setting the effective date until January when we have newer data that we can use as the base year. We'd be able to use 2021 instead of 2020 as the base year. And that doesn't impact the anticipated recommended effective date that the Department was already planning to propose so there won't be a delay in sort of that effective date that we're working on.

MR. FALAHEE: So Commissioner Falahee. Kenny, does the Commission need to take any action on anything regarding --

MR. WIRTH: Not today. In January we will have you set the effective date on the recalculated bed need numbers for hospital beds.

MR. FALAHEE: And those would be the most current available bed data?

MR. WIRTH: Yeah. We'd be using 2021 MIDB data as the base year. What we would have had to do is use 2020 data as the base year which we've received a lot of questions about 2020 hospital beds data for -- not sure why, but --

MR. FALAHEE: And then for the Commissioners, we've had discussions with the folks from the Oxford Community in between these meetings and recall that we've always said to them new data is coming out, new data is coming out and we'll make sure you use the most current data. And what Kenny's talking about is that and may be -- at the January meeting we may have some of the Oxford community people here as well to talk once again about the tragic situation that happened there and their request. So just giving everyone a heads up and some background on this.

DR. MCKENZIE: Yeah, in addition, if I can add to that? Commissioner McKenzie. I -- we will also be setting the agenda for the coming year and Hospital Beds is up again. So in addition to setting the effective date based upon the current methodology, we'll be talking about kicking off a review of the current Hospital Bed standards and methodology as well.

MR. WIRTH: That's it for Commission and Special Projects updates. If any Commissioners have questions of us, welcome those.

DR. MCKENZIE: Thank you. The next item is the CON Evaluation Section Update which I will turn over to Tulika.

MS. BHATTACHARYA: Thank you, Dr. McKenzie. So there are two reports in your packet. The first one or one

of them is the compliance activity report. The first part of it is the follow-up activity. As you know, when a CON project is approved, under the administrative rules it needs to be implemented within a certain time frame and if it cannot be, we need to work with the providers to grant extensions based on justifications and documents submitted. So we are actively doing that and, like, as of date there are 274 CON approved projects still ongoing in the process of being implemented. We have been granting extensions as needed and also expiring as, you know, if they fail to demonstrate progress or there is no way the project will be implemented or they voluntarily withdraw their project.

As you also know that this year we are doing the statewide compliance review for CT Scanner facilities. We have completed that review and identified the facilities that are not in compliance and, you know, we are proposing settlement agreements, proposals to the facilities which may include, like, corrective action plans, offer to bring them under the most recent CT standards which allow for volume exemptions based on different factors like rural hospital or other facilities with only one scanner, distance from other facilities. So that will benefit those providers. It will also, or may also include civil fines, charity care, et cetera. So we are in the process of sending out e-mails and/or scheduling conference calls with the providers if

they would like to discuss before accepting the settlement proposals.

As far as program activity, we are busy. As you can see from the LOIs, applications, decisions that we are using and we do our best to maintain the timeliness and meet our deadlines. We have seen some emergency CONs coming in for additional beds due to the recent RSV surge in our state. We have approved two new applications and one amendment so that hospitals can put more beds, or use more beds for the RSV patients, ICU beds and things like that. And I think one reason we may not have seen as many requests because if you have licensed hospital beds and you want to designate them as pediatric beds, you don't need CON approval for that. You can just go to LARA in the engineering section and get that done. And I feel like many hospital has gone, or adopted that approach so we haven't seen as many. But if we do, we will act quickly on those requests as you all know.

And I think that is all and if you have any questions, I'm happy to answer.

MR. FALAHEE: This is Commissioner Falahee. As one of those hospitals that have submitted an application, emergency application, I want to thank Tulika and the whole Department throughout this last almost three years, phenomenal service for what's going on within the hospitals

and the Department has delivered. I was on the phone one Sunday afternoon when this all began with Tulika and with Mr. Larry Horvath who had facility license because they knew and they were so responsive. And it's not just Tulika, it's her whole Department. So public thank you once again.

DR. MCKENZIE: Again, I'm not in the same position that Commissioner Falahee is in of getting on the phone with the Department, but I know the flexibility that you all have had through the pandemic, now with RSV. It's very much appreciated. It's so needed and so great work. Thank you so much. Any other questions or comments for Tulika? Okay. I will move us on to our Legal Activity Report and turn it over to Assistant Attorney General Brien Heckman.

MR. HECKMAN: Thank you, Chair. Assistant Attorney General Brien Heckman. In addition to the legal activity report, the Department has asked me to comment on a Department memo sent to Senator Moss regarding the Commission's obligations and implications in regards to not satisfying a statutory duty. So, and this all stems from the Board of Canvassers refusing to certify the ballot proposals in the last election. So the -- just to summarize the AG's opinion. If a Commission ignores Attorney General advice and refuses to fulfill a clear, legal duty, at that point you may waive your immunity from civil suit and the Department may decline representation. So you may get sued,

you may not have immunity, and the Department may not represent you in that action if you fail to fulfill a clear, legal duty. Does anybody have any questions about that? Was the memo provided in the Board packet?

MR. WIRTH: I believe so.

MR. HECKMAN: Okay. So if you do have any questions, if anything comes up, feel free to reach out to me.

Regarding the Legal Activity Report, the previous Pine Rest versus MDHHS matter regarding psychiatric hospital beds has been resolved. There was no appeal. However, while that previous case was pending, the exact same party submitted applications for 16 additional beds. That case is now pending, but the parties are reversed because in this new application Pine Rest was the successful applicant and Havenwyck was the denied applicant. There is a motion deadline for January 20th regarding a motion for summary disposition. I'll be in consultation with the Department as to whether or not they want to file a motion. Beyond that, we're just at this point waiting for the court to either rule on any such motion or have no party submit any such motion and then the court will schedule a trial date.

DR. MCKENZIE: Any questions? I would just say that obviously Mr. Heckman's input here and involvement in our committee is very important. When I first saw the memo

I had a couple questions myself as to what that meant, so -- but he keeps us straight and keeps us, you know, guided in the right direction. So really appreciate his presence here at these meetings. Okay. If no other questions, then I will -- we're on to our open public comment. Do we have any public comment?

MR. WIRTH: I have one public comment card from Dave Walker, Corewell Health.

DAVE WALKER

MR. DAVE WALKER: Good morning and thank you Chairperson McKenzie, Vice Chair Falahee and members of the Commission. My name is Dave Walker and I'm here on behalf of Corewell Health. I will try to be brief, but I could go on much longer than three minutes on the topic I'm here to discuss today which is my gratitude for the Department which my thunder was stolen by Commissioner Falahee earlier.

MR. FALAHEE: I'm sorry.

MR. DAVE WALKER: As Commissioners are aware, Michigan and the rest of the country is facing an RSV -- I have "surge" written, I think it's a crisis. Our Helen DeVos Children's Hospital has been hard hit and since we do not turn patients away, we needed to increase our bed capacity to ensure that we're prepared to serve our community should the surge dictate.

To start the process, I just reached out to Beth

and Tulika to ask if it would even be possible to get emergency beds to address the surge. Within -- oh, excuse me, with less than 10 minutes Beth had responded that the Department would help in any way that they could. Shortly after, Tulika responded with a very detailed description of everything I needed to do to request these emergency beds. You would think as someone who submitted many emergency beds for COVID I would remember. Tried to block that out of my memory so I appreciated the detail.

Once we submitted our application, we had an acknowledgment of our request and approval to implement our surge beds within 90 minutes. Let me say that again. We had approval to move forward with our request within 90 minutes. The prompt attention to our needs and urgent action to help is not overlooked and deeply appreciated. Because of the Department's eagerness to help and speedy review, we were able to add capacity to our system to ensure that we had the resources to care for our community for, as Commissioner Debbie Guido-Allen said earlier, the patients and the families and we really appreciate it.

So, Beth, Tulika, and the rest of the team -- I recognize it's a team effort -- thank you, thank you, thank you. We appreciate you and the partnership. With that said, I would be happy to answer any questions from Commissioners on on how much I appreciate the Department.

DR. MCKENZIE: Any questions? Thank you so much for your comments. I think it's a great testament to what really makes the CON work here in Michigan is that we have a Department that is flexible and puts patients first and works with our providers and our health systems so closely. So thank you. Okay. Any other public comment?

MR. WIRTH: That was the only card I had.

DR. MCKENZIE: That might be my favorite public comment in the history of CON.

MR. WIRTH: I agree.

DR. MCKENZIE: Okay. Our next item is the review of the Commission Work Plan. Turn it back over to you, Kenny.

MR. WIRTH: Yup. So there's a work plan included in your packet. It spans the end of 2022 and the beginning of 2021. From this meeting we will -- sorry, 2023. Lot of coffee today. So much so that I'm moving back in time apparently. So we will add a workgroup for Psych Beds as early as we can in 2023, and that I believe is all the requests I heard from the Commission at this meeting is just that workgroup. So we will add that in and so we'll take a motion for approval of the work plan with those amendments. I see Chip has something.

MR. FALAHEE: Yeah. This is Commissioner Falahee. I'll make that motion.

DR. MCKENZIE: Thank you, Chip.

DR. FERGUSON: Second.

DR. MCKENZIE: And I have a second from Commissioner Ferguson. Any Commission discussion on that? Okay. If you are in favor of moving the work plan forward, please raise your hand. All Commissioners are in favor so that passes.

(Whereupon motion passed at 10:39 a.m.)

DR. MCKENZIE: Next item on our agenda is our future meeting dates. They are included on your agenda: January 26th, March 16th, June 15th, September 14th and December 7th. The January 26th meeting, as we mentioned, we'll be reviewing the Hospital Bed data and setting the effective date as well as setting our agenda for the rest of the year. And I just want to express my gratitude for the Commissioners that are here today. I know this is a volunteer effort and you're dedicating your time and we very much appreciate each and every one of you.

Our next item is election of officers. And this is up for the chair and vice chair for the coming year. And so this is not a motion that either Chip or I -- oh.

MR. WIRTH: Could we --

DR. MCKENZIE: Yeah.

MR. WIRTH: -- at the last meeting we didn't have the December date on as for approval of the December 2023

meeting date.

DR. MCKENZIE: Oh, so we need to make another --

MR. WIRTH: Can we just do a quick motion and approval just to make sure we cross all our t's?

DR. MCKENZIE: Yeah; yeah. Sorry.

MR. WIRTH: Sorry.

DR. MCKENZIE: I forgot we approve the meeting dates now. So back up here. So I'll take a motion to approve our future meeting dates.

DR. ENGELHARDT-KALBFLEISCH: Commissioner Engelhardt, making a motion to approve our future meeting dates as stated.

DR. MCKENZIE: Thank you.

MS. LALONDE: Lalonde, second.

DR. MCKENZIE: Thank you. All in favor raise your hand. Okay. Meeting dates passes. Thank you.

MR. WIRTH: Thank you.

(Whereupon motioned passed at 10:40 a.m.)

DR. MCKENZIE: Thank you for the reminder. Keeping me on track. Okay. Election of officers. So this is not something that Chip or I can be involved in; is that right? We need a motion.

MR. FALAHEE: Correct.

DR. MCKENZIE: So I think both of us are still able to serve if that is --

MR. FALAHEE: If they wish.

DR. MCKENZIE: -- if that is something you wish, but we are -- we can entertain other offers as well, so --

MS. GUIDO-ALLEN: Guido-Allen. I'd like to make a motion for Chip as chair, and Dr. McKenzie as vice chair for the coming year.

DR. MCKENZIE: Thank you. Any second?

DR. ENGELHARDT-KALBFLEISCH: Second, Commissioner Engelhardt.

DR. MCKENZIE: Any discussion on that?

DR. FERGUSON: So you want to flip roles is the goal here? Okay. So long as everyone's on board.

DR. MCKENZIE: Yeah, we've had a discussion. So no further discussion or questions? Okay. Everybody in favor, raise your hand. Great. That passes. Thank you very much.

(Whereupon motion passed at 10:42 a.m.)

DR. ENGELHARDT-KALBFLEISCH: Chip, that hand was a little sus.

DR. MCKENZIE: I propped it up for him.

MR. FALAHEE: It's the fourth -- fourth or fifth time, but I'm happy to do it. Thank you.

DR. MCKENZIE: So we're on to our last item for adjournment. Do I have to take a vote on that?

MR. WIRTH: I think Chip takes the vote on that

since he's now chairperson, so --

MR. FALAHEE: Oh, it happened that quickly? All right. Well, again, I want to echo Dr. McKenzie's, Commissioner McKenzie's comments. Thanks to all of you. Now that we're back in person I think it's great, number one. Number two, it takes effort. You can't just click on a Zoom button and be there instantly. So thanks to all of you for the service you provide. Thanks to Commissioner McKenzie for stepping in as chair with a little bit of nudging, so I appreciate her service. I'm happy to take on the role of chair again and I'll do my best and I look for all of your support. With that, I move that we adjourn and look forward to another exciting year next year. Second for that?

MS. GUIDO-ALLEN: Happy holidays and second the motion.

MR. FALAHEE: Great. All in favor? Have a great holiday, everybody. Thank you. It was great to see you all in person.

(Proceedings concluded at 10:43 a.m.)

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