

Notice of Public Hearing

Pursuant to Section 22215 of Public Act 306 of 1969, as amended, the Michigan Department of Health and Human Services (MDHHS) will hold a hearing on Certificate of Need (CON) Review Standards.

Date: Thursday, October 16, 2025

Time: 9:30 a.m.

Topic: Public Hearing for Cardiac Catheterization Services, Computed Tomography (CT) Scanner Services, Hospital Beds, Magnetic Resonance Imaging (MRI) Services, Megavoltage Radiation Therapy (MRT) Services/Units, Neonatal Intensive Care Services/Beds (NICU) and Special Newborn Nursing Services, Nursing Home and Hospital Long-Term-Care Unit (NH-HLTCU) Beds, Open Heart Surgery (OHS) Services, Positron Emission Tomography (PET) Scanner Services, Psychiatric Beds and Services, Surgical Services, Urinary Extracorporeal Shock Wave Lithotripsy (UESWL) Services

Location: South Grand Building
333 S. Grand Avenue, 1st Floor
Conference Room 1A
Lansing, MI 48933

Virtual: **Members of the public may attend virtually**
Feel free to join from your PC, Mac, Linux, iOS or Android:
<https://us06web.zoom.us/j/81212167875?pwd=GDIitEFxZj58oxu1bvTslVviakWiO3.1>

Or by Telephone:

USA (408) 961-3927

USA (408) 961-3928

USA (408) 961-3929

USA (855) 758-1310 (US Toll Free)

Conference code: 426782



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR CARDIAC CATHETERIZATION SERVICES

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

(x) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(ee) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

1HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- RURAL SERVICE AREAS AND TARGET POPULATIONS- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Implemented Rural Language Throughout the Standard:

Section 3(1)(a) An applicant hospital proposing to initiate a diagnostic cardiac catheterization service with a single laboratory in a rural ~~or metropolitan statistical~~ area ~~county~~ shall project a minimum of 500 procedure equivalents including 300 procedure equivalents in the category of diagnostic cardiac catheterization procedures based on data from the most recent 12-month period preceding the date the application was submitted to the Department.

Section 3(1)(b) An applicant hospital proposing to initiate a diagnostic cardiac catheterization service with a single laboratory in a metropolitan ~~statistical area~~ county shall project a minimum of 750 procedure equivalents that includes 300 procedure equivalents in the category of diagnostic cardiac catheterization procedures based on data from the most recent 12-month period preceding the date the application was submitted to the Department.

Section 4(l)(ii) If the applicant hospital is applying for an elective PCI service without on-site OHS, the applicant hospital shall project a minimum of 200 PCI procedures per year if located in a metropolitan ~~statistical area~~ county, or 100 PCI procedures per year if located within a rural ~~or metropolitan statistical~~ area ~~county~~.

Section 5(2)(iv) A minimum of 500 procedure equivalents for a hospital in a rural ~~or metropolitan county~~ AREA with one laboratory.

Section 5(3)(c) The proposed new site is the same site where the existing OHS service is to be located which is within the same planning area as the OHS service and within 5 miles of the existing OHS and cardiac catheterization service if located in a metropolitan ~~statistical area~~ county or within 10 miles of the existing OHS and cardiac catheterization service if located in a rural ~~or metropolitan statistical~~ area ~~county~~.

Section 10(4)(a)(ii) 150 procedure equivalents in the category of adult cardiac catheterization procedures, excluding peripheral, for a hospital in a rural AREA ~~or micropolitan county~~.

Section 10(4)(a)(v) 250 procedure equivalents for a hospital in a rural AREA ~~or micropolitan county~~ with one laboratory.

Section 10(4)(a)(x) 100 adult PCI procedures for an elective PCI service without on-site OHS service located in a hospital located within a rural AREA ~~or micropolitan county~~.

Section 12(3) An applicant proposing to initiate an elective PCI service without on-site OHS services, whether in a hospital or FSOF, shall demonstrate and certify that the proposed service shall treat 200 or more patients, or 100 or more patients if a hospital is located in a rural ~~or micropolitan statistical area county~~, with PCI annually using data from the most recent 12-month period preceding the date the application was submitted to the Department as follows and applicable:

Section 12(3)(c) 90% of patients who received diagnostic cardiac catheterizations at the applicant facility and received an elective PCI at another cardiac catheterization service within 30 days, for an applicant in a metropolitan ~~statistical area county~~ or 60 days for an applicant in a rural ~~or micropolitan statistical area county~~, of the diagnostic catheterization (based on physician commitments).

3. Remove Appendix A:

~~APPENDIX A~~

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

~~Micropolitan statistical area Michigan counties are as follows:~~

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee

Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)
 Statistical Policy Office
 Office of Information and Regulatory Affairs
 United States Office of Management and Budget

4. Other technical edits:

Sec. 13. Proposed projects reviewed under these standards shall not be subject to comparative review. These CON Review Standards supersede and replace the CON Review Standards for Cardiac Catheterization Services approved by the CON Commission on JUNE 12, 2025~~June 17, 2024~~, and effective on AUGUST 27, 2025~~September 22, 2024~~.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
 COMPUTED TOMOGRAPHY (CT) SCANNER SERVICES**

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

(dd) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(kk) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.1

1HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Implemented Rural Language Throughout the Standard:

Section 5(2)(b) The proposed new site is within a 10-mile radius of a site at which an existing fixed CT scanner service is located if an existing fixed CT scanner service is located in a metropolitan ~~statistical area~~ county, or a 20-mile radius if an existing fixed CT scanner service is located in a rural ~~or micropolitan statistical area~~ county.

Section 5(3)(b) The proposed new site is within a 10-mile radius of a site at which an existing fixed CT scanner service is located if an existing fixed CT scanner service is located in a metropolitan ~~statistical area~~ county, or a 20-mile radius if an existing fixed CT scanner service is located in a rural ~~or micropolitan statistical area~~ county.

Section 17(2) (c) The projected referrals are from an existing CT scanner service within a 75-mile radius for rural ~~and micropolitan statistical area~~ counties or 20-mile radius for metropolitan ~~statistical area~~ counties.

3. Remove Appendix B

~~APPENDIX B~~

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

~~Micropolitan statistical area Michigan counties are as follows:~~

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)
 Statistical Policy Office
 Office of Information and Regulatory Affairs
 United States Office of Management and Budget

4. Other technical edits:

Sec. 18. (1) These CON review standards supersede and replace the CON Review Standards for Computed Tomography Scanner Services approved by the CON Commission on DECEMBER 7, 2023September 17, 2020 and effective on FEBRUARY 26, 2024November 9, 2020.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
HOSPITAL BEDS**

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

(ee) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(uu) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

¹HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Implemented Rural Language Throughout the Standard:

Section 2(n)(ii) Hospitals located in A rural ~~or micropolitan statistical area counties~~

Section 6(1)(a)The new beds in a hospital shall result in a hospital of at least 200 beds in a metropolitan ~~statistical area county~~ or 25 beds in a rural ~~or micropolitan statistical area county~~. This subsection may be waived by the Department if the Department determines, in its sole discretion, that a smaller hospital is necessary or appropriate to assure access to health-care services.

Section 7: Sec. 7. (1) If the application involves the development of a new licensed site, an applicant proposing to replace beds in a hospital within the replacement zone shall demonstrate that the new beds in a hospital shall result in a hospital of at least 200 beds in a metropolitan ~~statistical area county~~ or 25 beds in a rural ~~or micropolitan statistical area county~~. This subsection may be waived by the Department if the Department determines, in its sole discretion, that a smaller hospital is necessary or appropriate to assure access to health-care services.

3. Remove Appendix B:

~~APPENDIX B~~

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon

Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)
 Statistical Policy Office
 Office of Information and Regulatory Affairs
 United States Office of Management and Budget

4. Other technical edits:

Section 2(1)(c) "Alcohol and substance abuse hospital" means a licensed hospital within a long-term (acute) care (LTAC) hospital that exclusively provides inpatient medical detoxification and medical stabilization and related outpatient services for persons who have a primary diagnosis of substance dependence covered by MSDRGs – listed in appendix DE. The department shall update the MS-DRGS utilizing the most current MIDB data available to the department, as needed, and as follows: (i) updates to the MS-DRGS shall not require standard advisory committee action, a public hearing, or submittal of the standard to the legislature and governor

in order to become effective. (ii) the department shall notify the commission when the updates are made and the effective date of the MS-DRGS.

Section 2(1)(ii) "Obstetrics patient days of care" means inpatient days of care for patients in the applicant's Michigan Inpatient Data Base data ages 15 and over with MS-DRGs listed in Appendix DE (obstetrical discharges). The department shall update the MS-DRGS utilizing the most current MIDB data available to the department, as needed, and as follows: (i) updates to the MS-DRGS shall not require standard advisory committee action, a public hearing, or submittal of the standard to the legislature and governor in order to become effective. (ii) the department shall notify the commission when the updates are made and the effective date of the MS-DRGS.

Section 4(1)(a) All hospital discharges for normal newborns (DRG 391 prior to 2008, DRG 795 thereafter) and psychiatric patients (ICD-9-CM codes 290 through 319, see Appendix CD for ICD-10-CM Codes, as a principal diagnosis) will be excluded.

Section 4(1)(i) For each hospital group, select the appropriate occupancy rate from the occupancy table in Appendix BG.

Section 4(2)(a)(i) Sum all patient days from all hospital discharges for Michigan residents in the base year, excluding all hospital discharges for normal newborns (DRG 391 prior to 2008, DRG 795 thereafter) and psychiatric patients (ICD-9-CM codes 290 through 319, see Appendix CD for ICD-10-CM Codes, as a principal diagnosis).

Sec. 11. (1) These CON review standards supersede and replace the CON Standards for Hospital Beds approved by the CON Commission on SEPTEMBER 19, 2024 ~~December 9, 2024~~ and effective DECEMBER 4, 2024 ~~February 28, 2022~~.



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR MAGNETIC RESONANCE IMAGING (MRI) SERVICES

The proposed language changes include the following:

1. Section 2: Removed/added definitions as follows:

~~(h) "Critical Access Hospital" or "CAH" means, a hospital designated by CMS pursuant to 42 CFR 485.606.~~

(j) "DESIGNATED RURAL HOSPITAL" MEANS A LICENSED HOSPITAL DESIGNATED BY CMS AS A CRITICAL ACCESS HOSPITAL [PURSUANT TO 42 CFR 485.606], SOLE COMMUNITY HOSPITAL [PURSUANT TO 42 CFR 412.92], MEDICARE DEPENDENT HOSPITAL [PURSUANT TO 42 CFR 412.108], OR RURAL EMERGENCY HOSPITAL [PURSUANT TO 42 USC 1395X].

(cc) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(tt) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

¹HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

~~(uu) "Sole Community Hospital or "SCH" means a hospital designated by CMS pursuant to 42 CFR 412.92.~~

2. Implemented Rural Language Throughout the Standard:

Section 2(1)(~~nnmm~~) "Planning Area" means:

(i) in the case of a proposed fixed MRI service or unit, the geographic area within a 20-mile radius from the proposed site if the proposed site is not in a rural ~~or micropolitan-statistical area county~~ and a 75-mile radius from the proposed site if the proposed site is in a rural ~~or micropolitan-statistical area county~~, or is A designated RURAL HOSPITAL. ~~by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), or Sole Community Hospital (SCH).~~

(ii) in the case of a proposed mobile MRI service or unit, except as provided in subsection (iii), the geographic area within a 20-mile radius from each proposed host site if the proposed site is not in a rural ~~or micropolitan-statistical area county~~ and within a 75-mile radius from each proposed host site if the proposed site is in a rural ~~or micropolitan-statistical area county~~, or is A designated RURAL HOSPITAL. ~~by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), or Sole Community Hospital (SCH).~~

Section 3(2)(b)(B) The applicant hospital operates an emergency room that provides 24-hour emergency care services and at least 20,000 visits if located in a metropolitan ~~statistical area county~~, or 10,000 visits if located in a rural ~~or micropolitan-statistical area~~, or is A designated RURAL HOSPITAL, ~~by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), or Sole Community Hospital (SCH)~~ within the most recent 12-month period for which data, verifiable by the Department, is available.

Section 3(4)(a) 600 available MRI adjusted procedures, from within the same planning area as the proposed service/unit, for a proposed host site that is located in a metropolitan ~~statistical area~~ county, or

Section 3(4)(b) 400 available MRI adjusted procedures from within the same planning area for a proposed host site that is located in a rural ~~or micropolitan statistical area~~ county, or is A designated RURAL HOSPITAL ~~by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), or Sole Community Hospital (SCH) and~~

Section 4(4)(c) The proposed new site is within a 5-mile radius of the existing site for a metropolitan ~~statistical area~~ county or within a 10-mile radius for a rural ~~or micropolitan statistical area~~ county or is A designated RURAL HOSPITAL. ~~by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), or Sole Community Hospital (SCH).~~

Section 13(4) The applicant hospital is designated as a level I or II trauma facility by the American College of Surgeons and has been certified as a Comprehensive Stroke Center by the Joint Commission, the Accreditation Commission for Health Care, Inc., or Det Norske Veritas or has cared for more than 500 acute stroke patients in the most recent 12-month period if located in a metropolitan county, 300 acute stroke patients in the most recent 12-month period if located in a rural ~~AREA or micropolitan county~~, or is A designated RURAL HOSPITAL. ~~by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), or Sole Community Hospital (SCH).~~

Section 15(4)(a)(iv) Each mobile host site in a rural ~~or micropolitan statistical area county~~ or A designated RURAL HOSPITAL, ~~by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), or Sole Community Hospital (SCH),~~ shall have provided at least a total of 400 adjusted procedures during its second 12 months of operation, and annually thereafter, from all mobile units providing services to the site. Each mobile host site in a metropolitan ~~statistical area~~ county shall have provided at least a total of 600 adjusted procedures during its second 12 months of operation and annually thereafter, from all mobile units providing services to the site.

Section 16(2)(a) For a site located in a rural ~~or micropolitan statistical area county~~ or designated by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), number of MRI-adjusted procedures shall be multiplied by a factor of 1.4.

Section 16(2)(b) For a mobile MRI unit that serves hospitals and other host sites located in A rural, ~~micropolitan statistical area~~, and metropolitan ~~statistical area~~ counties, the number of MRI adjusted procedures for a site located in a rural ~~or micropolitan statistical area county~~ or a site designated by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH) shall be multiplied

by a factor of 1.4, and for a site located in a metropolitan ~~statistical area~~ county, the number of MRI adjusted procedures shall be multiplied by a factor of 1.0.

Section 16(2)(c) For a mobile MRI unit that serves only sites located in A rural or ~~micropolitan statistical~~ area counties or a site(s) designated by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH) the number of MRI adjusted procedures shall be multiplied by a factor of 2.0.

3. Remove Appendix A:

APPENDIX A

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

~~Micropolitan statistical area Michigan counties are as follows:~~

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

~~Metropolitan statistical area Michigan counties are as follows:~~

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

~~75 F.R., p. 37245 (June 28, 2010)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget~~

4. Other technical edits:

Sec. 21. (1) These CON review standards supersede and replace the CON Review Standards for MRI Services approved by the CON Commission on JUNE 12, 2025September 15, 2022, and effective AUGUST 27, 2025January 26, 2023.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
MEGAVOLTAGE RADIATION THERAPY (MRT) SERVICES/UNITS**

The proposed language changes include the following:

1. Section 2: Modified/added definitions as follows:

(o) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(t) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

¹HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Added Rural Language Throughout the Standards:

Section 3(2)(a) The site of the proposed MRT service is located in a rural or micropolitan statistical area county.

Section 4(2)(b)(i) Non-special MRT unit(s) at 8,000 equivalent treatment visits per unit or 5,500 for a unit either approved under Section 3(3) or located in a rural or micropolitan-statistical area county.

3. Remove Appendix B:

APPENDIX B

Rural Michigan counties are as follows:

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

~~75 F.R., p. 37245 (June 28, 2010)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget~~

4. Other technical edits:

Sec. 12. Proposed projects reviewed under these standards shall not be subject to comparative review. These standards supersede and replace the CON Review Standards for MRT Services/Units approved by the CON Commission on JUNE 13, 2024~~September 15, 2022~~, and effective ~~SEPTEMBER 27, 2024~~~~January 26, 2023~~.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
NEONATAL INTENSIVE CARE SERVICES/BEDS (NICU) AND SPECIAL NEWBORN
NURSING SERVICES**

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

(f) “DESIGNATED RURAL HOSPITAL” MEANS A LICENSED HOSPITAL DESIGNATED BY CMS AS A CRITICAL ACCESS HOSPITAL [PURSUANT TO 42 CFR 485.606], SOLE COMMUNITY HOSPITAL [PURSUANT TO 42 CFR 412.92], MEDICARE DEPENDENT HOSPITAL [PURSUANT TO 42 CFR 412.108], OR RURAL EMERGENCY HOSPITAL [PURSUANT TO 42 USC 1395X].

(n) “METROPOLITAN COUNTIES” MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(x) “RURAL AREA” MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

¹HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Implemented the Rural Language Throughout the Standard:

Section 4(1)(d) For each of the 3 most recent years for which birth data are available from the Vital Records and Health Data Development Section, the licensed site at which the NICU is proposed had either: (i) 2,000 or more live births, if the licensed site is located in a metropolitan ~~statistical area~~ county; or (ii) 600 or more live births, if the licensed site is A DESIGNATED RURAL HOSPITAL OR located in a rural ~~or metropolitan statistical area~~ county and is located more than 100 miles (surface travel) from the nearest licensed site that operates or has valid CON approval to operate NICU services.

Section 6(7)(b) for each of the 3 most recent years for which birth data are available from the Vital Records and Health Data Development Section, the applicant licensed site had either: (i) 2,000 or more live births, if the licensed site is located in a metropolitan ~~statistical area~~ county; or (ii) 600 or more live births, if the licensed site is A DESIGNATED RURAL HOSPITAL OR IS located in a rural ~~or metropolitan statistical area~~ county and is located more than 100 miles from the nearest licensed site that operates or has valid CON approval to operate NICU services/beds. If the applicant licensed site has not been in operation for at least 3 years and the obstetrical unit at the applicant licensed site was established as the result of the consolidation and closure of 2 or more obstetrical units, the combined number of live births from the obstetrical units that were closed and relocated to the applicant licensed site may be used to evaluate compliance with this requirement for those years when the applicant licensed site was not in operation.

Section 6(8)(b) the applicant has a valid CON to establish an obstetrical unit at the licensed site at which the NICU is proposed. The obstetrical unit to be established shall be the result of the relocation of an existing obstetrical unit that for each of the 3 most recent years for which birth data are available from the Vital Records and Health Data Development Section, the obstetrical unit to be relocated had either: (i) 2,000 or more live births, if the obstetrical unit to be relocated is located in a metropolitan ~~statistical area~~ county; or (ii) 600 or more live births, if the obstetrical unit to be relocated is located in A DESIGNATED RURAL HOSPITAL OR IN A rural ~~or metropolitan statistical area~~ county and is located more than 100 miles from the nearest licensed site that operates or has valid CON approval to operate NICU services.

3. Remove Appendix A

~~APPENDIX A~~

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle

Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

~~Micropolitan statistical area Michigan counties are as follows:~~

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

~~Metropolitan statistical area Michigan counties are as follows:~~

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)
 Statistical Policy Office
 Office of Information and Regulatory Affairs
 United States Office of Management and Budget

4. Other technical edits:

Section 2(1)(tr) "Planning area" means the groups of counties shown in Appendix AB.

Sec. 14. (1) These CON review standards supersede and replace the CON Review Standards for Neonatal Intensive Care Services/Beds approved by the Commission on DECEMBER 7, 2022December 10, 2020 and effective on MARCH 6, 2023March 19, 2021.



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT (NH-HLTCU) BEDS

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

(s) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(dd) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

¹HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Remove Appendix B

~~APPENDIX B~~

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

~~Micropolitan statistical area Michigan counties are as follows:~~

~~Allegan Hillsdale Mason~~

Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

~~Metropolitan statistical area Michigan counties are as follows:~~

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

~~75 F.R., p. 37245 (June 28, 2010)
 Statistical Policy Office
 Office of Information and Regulatory Affairs
 United States Office of Management and Budget~~

3. Modify the "replacement zone" definition:

(cbbb) "Replacement zone" means THE FOLLOWING DEPENDING ON THE LOCATION OF THE a proposed licensed site: ~~that is,~~

- (i) for a PROPOSED LICENSED SITE THAT FALLS WITHIN A rural or micropolitan statistical area county, NOT WITHIN A METROPOLITAN COUNTY, THE REPLACEMENT ZONE IS within the same planning area as the existing licensed site.
- (ii) for a PROPOSED LICENSED SITE THAT FALLS WITHIN A METROPOLITAN county that is not a rural or micropolitan statistical area county, THE REPLACEMENT ZONE IS WITHIN THE SAME PLANNING AREA AS THE EXISTING LICENSED SITE AND WITHIN A THREE-MILE RADIUS OF THE EXISTING LICENSED SITE.
 - (A) ~~within the same planning area as the existing licensed site and~~
 - (B) ~~within a three-mile radius of the existing licensed site.~~
- (iii) FOR A PROPOSED LCIENSED SITE THAT FALLS WITHIN A PORTION OF A METROPOLITAN COUNTY THAT IS A RURAL AREA, THE REPLACEMENT ZONE IS DEPENDENT ON WHETHER THE EXISTING LICENSED SITE IS LOCATED IN A RURAL AREA

(A) IF THE EXISTING LICENSED SITE IS IN A RURAL AREA, THE REPLACEMENT ZONE IS IN ANY RURAL AREA, OR WITHIN THREE MILES WITHIN THE SAME PLANNING AREA AS THE EXISTING LICENSED SITE.
(B) IF THE EXISTING LICENSED SITE IS NOT IN A RURAL AREA, THE REPLACEMENT ZONE IS WITHIN THE SAME PLANNING AREA AS THE EXISTING LICENSED SITE AND WITHIN A THREE-MILE RADIUS OF THE EXISTING LICENSED SITE.

4. Other technical edits:

Sec. 14. (1) These CON review standards supersede and replace the CON Standards for Nursing Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on DECEMBER 7, 2023~~December 10, 2020~~ and effective on FEBRUARY 26, 2024~~March 19, 2021~~.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
OPEN HEART SURGERY (OHS) SERVICES**

The proposed language changes include the following:

1. Section 2: Removed/added definitions as follows:

(h) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(o) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.1

1HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Added Rural Language Throughout the Standard:

Section 4(1)(d) The proposed new site is within the same planning area of the site at which the existing OHS service is located and within 5 miles of the existing OHS service location if located in a metropolitan ~~statistical area~~ county, or within 10 miles

of the existing OHS service location if located in a rural or ~~metropolitan statistical area~~ ~~county~~.

3. Other technical edits:

Sec. 12. (1) These CON Review Standards supersede and replace the CON Review Standards for OHS Services approved by the CON Commission on MARCH 14, 2024 ~~September 20, 2018~~ and effective on MAY 6, 2024 ~~December 26, 2018~~.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
POSITRON EMISSION TOMOGRAPHY (PET) SCANNER SERVICES**

The proposed language changes include the following:

1. Section 2: Removed/added definitions as follows:

(n) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(x) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

¹HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Added Rural Language Throughout the Standard:

Section 3(4)(b)(i) 1,500 PET equivalents in the most recent 12-month period verifiable by the Department for a host site in a metropolitan ~~statistical area~~ ~~county~~,
or

Section 3(4)(b)(ii) 1,325 PET equivalents in the most recent 12-month period verifiable by the Department for a host site in a rural or ~~metropolitan statistical area~~ ~~county~~.

Section 3(4)(c) The applicant shall install the fixed PET unit at the same site as the existing host site or within a 10-mile radius of the existing host site for a metropolitan ~~statistical area~~ county or a 25-mile radius for a rural ~~or metropolitan statistical~~ area.

Section 4(2)(a) The proposed site is within a 10-mile radius of the existing site for a metropolitan ~~statistical area~~ county or a 25-mile radius for a rural ~~or metropolitan statistical~~ area ~~county~~.

Section 5(1)(a) 1,900 PET equivalents were performed per existing and approved fixed PET scanner(s) in the most recent 12-month period verifiable by the Department for an applicant in a metropolitan ~~statistical area~~ county, or

Section 5(1)(b) 1,700 PET equivalents were performed per existing and approved fixed PET scanner(s) in the most recent 12-month period verifiable by the Department for an applicant in a rural ~~or metropolitan statistical~~ area ~~county~~.

Section 5(2)(a) 2,000 PET equivalents were performed per existing and approved mobile scanner(s) in the most recent 12-month period verifiable by the Department for an applicant serving at least one existing host site in a metropolitan ~~statistical area~~ county, or

Section 5(2)(b) 1,800 PET equivalents were performed per existing and approved scanner(s) in the most recent 12-month period verifiable by the Department for an applicant serving only host sites in rural ~~or metropolitan statistical~~ area ~~counties~~.

Section 5(3)(b)(i) An average of 1,900 pet equivalents for the host site and each of the existing and approved fixed scanners in the most recent 12-month period verifiable by the Department for a host site in a metropolitan ~~statistical area~~ county, or

Section 5(3)(b)(ii) An average of 1,700 PET equivalents for the host site and each of the existing and approved fixed scanners in the most recent 12-month period verifiable by the Department for a host site in a rural ~~or metropolitan statistical~~ area ~~county~~.

Section 14(2)(b) For mobile PET scanner services, the geographic location of each entity contributing diagnosis-specific new cancer case data in the planning area(s) for which the proposed PET service contains a proposed host site or within a 75-mile radius of the proposed host site for rural ~~and metropolitan statistical area~~ counties or 25-mile radius for metropolitan ~~statistical area~~ counties.

Section 16(1)(b) For mobile PET scanner services, the geographic location of each entity contributing diagnostic cardiac catheterization case data in the planning area(s) for which the proposed PET service contains a proposed host site or within a 75-mile radius of the proposed host site for rural ~~and metropolitan statistical area~~ counties or 25-mile radius for metropolitan ~~statistical area~~ counties.

Section 17(1)(b) For mobile PET scanner services, the geographic location of each entity contributing intractable epilepsy case data in the planning area(s) for which the proposed PET scanner service contains a proposed host site or within a 75-mile radius of the proposed host site for rural and micropolitan statistical area counties or 25-mile radius for metropolitan statistical area counties.

3. Remove Appendix C:

APPENDIX C

Rural Michigan counties are as follows:

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

~~75 F.R., p. 37245 (June 28, 2010)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget~~

4. Other technical edits:

Section 13(4) Multiply the number of intractable epilepsy cases (ICD-9-CM codes 345.01, 345.11, 345.41, 345.51, 345.61, 345.71, 345.81, or 345.91, see Appendix CD for ICD-10-CM Codes) identified in accord with the requirements of Section 17 by 1.0, which is the estimated probability that a patient having an intractable epilepsy procedure will require a PET scan. Multiply the number resulting from the calculation in subsection (3) by 1.0, which is the estimated number of PET scans needed for each patient requiring a PET scan.

Sec. 20. Proposed projects reviewed under these standards shall not be subject to comparative review. These CON review standards supersede and replace the CON standards for PET scanner services approved by the CON Commission on ~~DECEMBER 7, 2022~~ ~~September 16, 2024~~ and effective ~~MARCH 6, 2023~~ ~~November 12, 2024~~.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
PSYCHIATRIC BEDS AND SERVICES**

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

(l) "DESIGNATED RURAL HOSPITALS" MEANS A LICENSED HOSPITAL DESIGNATED BY CMS AS A CRITICAL ACCESS HOSPITAL [PURSUANT TO 42 CFR 485.606], SOLE COMMUNITY HOSPITAL [PURSUANT TO 42 CFR 412.92], MEDICARE DEPENDENT HOSPITAL [PURSUANT TO 42 CFR 412.108], OR RURAL EMERGENCY HOSPITAL [PURSUANT TO 42 USC 1395X].

(w) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(nn) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF

AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.1

1HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Implement Rural Language Throughout the Standard:

Section 5(6)(c)(i) Within the previous 12 months, a sufficient number of child/adolescent patients, as defined in Appendix A, were evaluated in the emergency department of the applicant hospital and/or any other hospital located within 30 radial miles of the proposed site of the child/adolescent psychiatric beds if the proposed site is located in a metropolitan ~~statistical area~~ county, or within 90 radial miles if the proposed site is A DESIGNATED RURAL HOSPITAL, OR located in a rural ~~or micropolitan statistical area~~ county; and

Section 5(6)(d)(ii) The licensed hospital site is located within 30 radial miles of the proposed child/adolescent inpatient psychiatric unit if the proposed site is located in a metropolitan ~~statistical area~~ county, or within 90 radial miles if the proposed site is A DESIGNATED RURAL HOSPITAL, OR IS located in a rural ~~or micropolitan statistical area~~ county; and

3. Other technical edits:

Sec. 18. (1) These CON review standards supersede and replace the CON Review Standards for Psychiatric Beds and Services, approved by the CON Commission on SEPTEMBER 18, 2025~~December 7, 2023~~~~December 7, 2022~~ and effective on February 26, 2024~~March 6, 2023~~.

(Due to a different set of review standards for Psychiatric Beds and Services recently sent for final action, these dates in the technical edits will be corrected once the language for final action is effective.)



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR SURGICAL SERVICES

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

~~(e) “Critical access hospital” or “cah” means a hospital designated by cms pursuant to 42 cfr 485.606.~~

(j) "DESIGNATED RURAL HOSPITALS" MEANS A LICENSED HOSPITAL DESIGNATED BY CMS AS A CRITICAL ACCESS HOSPITAL [PURSUANT TO 42 CFR 485.606], SOLE COMMUNITY HOSPITAL [PURSUANT TO 42 CFR 412.92], MEDICARE DEPENDENT HOSPITAL [PURSUANT TO 42 CFR 412.108], OR RURAL EMERGENCY HOSPITAL [PURSUANT TO 42 USC 1395X].

~~(v) "Medicare dependent hospital" or "mdh" means a hospital designed by cms pursuant to 42 cfr 412.108.~~

(v) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

~~(cc) "Sole community hospital" or "sch" means a hospital designated by cms pursuant to 42 cfr 412.92.~~

(cc) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION. 1

1 HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

2. Implemented Rural Language Throughout the Standard:

Section 4(2): Subsection (1) shall not apply if the proposed project involves the initiation of a surgical service with 1 or 2 operating rooms at a licensed hospital that is a DESIGNATED RURAL HOSPITAL, ~~critical access hospital, sole community hospital, or Medicare dependent hospital~~, or a licensed hospital site located in a rural ~~or micropolitan statistical area county~~ that does not offer surgical services as of the date an application is submitted to the Department.

Section 5(2): An applicant proposing to replace one or more operating rooms at a licensed hospital and is located in a rural AERA ~~or micropolitan county~~ or the applicant is located in a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent federal decennial census, or the applicant is a DESIGNATED RURAL HOSPITAL, ~~critical access hospital, sole community hospital, or Medicare dependent hospital~~ shall demonstrate each of the following:

Section 5(3): Subsections (1) and (2) shall not apply if the proposed project involves replacing one or more operating rooms at the same licensed hospital site is a DESIGNATED RURAL HOSPITAL, ~~critical access hospital, sole community hospital,~~

~~or Medicare dependent hospital~~, or if the surgical facility is located in a rural ~~or micropolitan statistical area county~~ and has one or two operating rooms.

Section 5(6)(a): The proposed new site is within a 10-mile radius of the site at which an existing surgical service is located if an existing surgical service is located in a metropolitan ~~statistical area county~~, or a 20-mile radius if an existing surgical service is located in a rural ~~or micropolitan statistical area county~~.

Section 5(7): Subsection (6) shall not apply if the proposed project involves relocating one or two operating rooms within a 20-mile radius if the surgical facility is a DESIGNATED RURAL HOSPITAL ~~critical access hospital, sole community hospital, or Medicare dependent hospital~~, or is located in a rural ~~or micropolitan statistical area county~~.

Section 5(8): An applicant proposing to relocate an existing surgical service or one or more operating rooms from one licensed hospital site to another licensed hospital site and is located in a rural AREA ~~or micropolitan county~~ or the applicant is located in a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent federal decennial census, or the applicant is a DESIGNATED RURAL HOSPITAL ~~critical access hospital, sole community hospital, or Medicare dependent hospital~~, shall demonstrate each of the following:

Section 6(2): An applicant proposing to add one or more operating rooms at a licensed hospital located in a rural AREA, ~~or micropolitan county~~ or in a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent federal decennial census, or the applicant is a DESIGNATED RURAL HOSPITAL ~~critical access hospital, sole community hospital, or Medicare dependent hospital~~, shall demonstrate each of the following:

Section 6(3): Subsections (1) and (2) shall not apply if the proposed project involves adding a second operating room in a licensed hospital site located in a rural ~~or micropolitan statistical area county~~ that currently has only one operating room.

Section 10(4)(b): Existing operating rooms, located in a rural AREA ~~or micropolitan county~~, or within a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent Federal decennial census or the facility is a DESIGNATED RURAL HOSPITAL ~~critical access hospital, sole community hospital, or Medicare dependent hospital~~ in a surgical service that has less than 6 OR's shall perform an average of at least:

Section 10(4)(c): The applicant shall participate in a data collection System established and administered by the Department. The data may include, but is not limited to, hours of use of operating rooms, annual budget and cost information, operating schedules, and demographic, diagnostic, morbidity and mortality

information, as well as the volume of care provided to patients from all payer sources. An applicant shall provide the required data on a separate basis for each licensed or certified site, in a format established by the department, and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records. Minimum volume requirements shall not apply if the licensed hospital has less than 3 ORs and is a DESIGNATED RURAL HOSPITAL ~~critical access hospital, sole community hospital, or Medicare dependent hospital, or is located in a rural AREA or micropolitan county.~~

3. Remove Appendix A:

APPENDIX A

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

~~Micropolitan statistical area Michigan counties are as follows:~~

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

~~Metropolitan statistical area Michigan counties are as follows:~~

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw

~~Genesee~~ ————— ~~Monroe~~ ————— ~~Wayne~~
~~Ingham~~ ————— ~~Montcalm~~ —————

Source:

~~75 F.R., p. 37245 (June 28, 2010)~~
~~Statistical Policy Office~~
~~Office of Information and Regulatory Affairs~~
~~United States Office of Management and Budget~~

4. Updated Section 8 with requirements for a Hybrid Operation Room/Cardiac Catheterization Laboratory (OR/CCL) consistent with recent Cardiac Catheterization Services updates:

Sec. 8. A hybrid or/ccl means an operating room located on a sterile corridor and equipped with an angiography system ~~permitting~~ PERFORMING minimally invasive procedures of the heart and blood vessels with full anesthesia capabilities. An applicant proposing to add one or more hybrid OR/CCLS at an existing OR PROPOSED surgical service shall demonstrate each of the following:

(1) The applicant operates OR PROPOSES TO OPERATE A SURGICAL SERVICE WITH OR WITHOUT ON SITE an open heart surgery, AND MUST BE IN COMPLIANCE WITH SECTIONS 4 AND 10 OF THESE STANDARDS AS APPLICABLE. ~~service which is in full compliance with the current con review standards for open heart surgery services.~~

(3) If the hybrid OR/CCL(s) represents ~~conversion~~ REPLACEMENT of an existing operating room(s), the applicant is in compliance with the provisions of Section 5, if applicable.

(6) THE APPLICANT AGREES TO PERFORM ONLY THOSE SURGICAL CASES IN THE HYBRID OR/CCL THAT ARE AUTHORIZED UNDER THE APPLICABLE DEFINITIONS OF SERVICE LEVELS APPROVED AT THE FACILITY.

(7) THE APPLICANT SHALL SUBMIT A DOCUMENT EXPLAINING THE JUSTIFICATION OF ADDING THE HYBRID OR/CCL AND OUTLINING THE OPERATIONAL NARRATIVE FOR UTILIZING THE HYBRID OR/CCL AND WHAT TYPES OF PROCEDURES WILL BE PERFORMED.

(8) FOR EACH HYBRID OR/CCL APPROVED AND OPERATIONAL, A FACILITY SHALL HAVE 0.5 EXCLUDED FROM ITS INVENTORY OF OPERATING ROOMS FOR THE PURPOSES OF COMPUTING THE SURGICAL CASES OR HOURS PER OPERATING ROOM, FOR REPLACEMENT UNDER SECTION 5, FOR EXPANSION UNDER SECTION 6, FOR ACQUISITION UNDER SECTION 7, AND FOR PROJECT DELIVERY REQUIREMENTS AS APPLICABLE UNDER SECTION 10. A FACILITY FOR WHICH ALL OF ITS OPERATING ROOM(S) ARE HYBRID OR/CCL(S) SHALL NOT HAVE 0.5 EXCLUDED FROM ITS INVENTORY OF OPERATING ROOMS FOR THE PURPOSES OF COMPUTING THE SURGICAL

CASES OR HOURS PER OPERATING ROOM FOR EXPANSION UNDER SECTION 6. A FACILITY WILL NOT BE LIMITED TO THE NUMBER OF HYBRID OR/CCL(S) WITHIN A SINGLE LICENSED FACILITY.

5. Other technical edits:

Sec. 13. Proposed projects reviewed under these standards shall not be subject to comparative review. These CON Review Standards supersede and replace the CON Review Standards for Cardiac Catheterization Services approved by the CON Commission on JUNE 12, 2025~~June 17, 2024~~, and effective on AUGUST 27, 2025~~September 22, 2024~~.



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR URINARY EXTRACORPOREAL SHOCK WAVE LITHOTRIpsy (UESWL) SERVICES

The proposed language changes include the following:

1. Section 2: Added definitions as follows:

(f) "DESIGNATED RURAL HOSPITALS" MEANS A LICENSED HOSPITAL DESIGNATED BY CMS AS A CRITICAL ACCESS HOSPITAL [PURSUANT TO 42 CFR 485.606], SOLE COMMUNITY HOSPITAL [PURSUANT TO 42 CFR 412.92], MEDICARE DEPENDENT HOSPITAL [PURSUANT TO 42 CFR 412.108], OR RURAL EMERGENCY HOSPITAL [PURSUANT TO 42 USC 1395X].

(m) "METROPOLITAN COUNTIES" MEANS COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS NON-FULLY ELIGIBLE COUNTIES.

(t) "RURAL AREA" MEANS THE COUNTIES DESIGNATED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP) AS BEING FULLY ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS OR THE CENSUS TRACTS WITHIN METROPOLITAN COUNTIES THAT HAVE BEEN DETERMINED BY THE FORHP TO MEET THE CRITERIA TO BE ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS. THE DEPARTMENT SHALL UTILIZE THE MOST RECENT LIST OF AREAS ELIGIBLE FOR RURAL HEALTH GRANT PROGRAMS PUBLISHED BY FORHP IN MAKING THIS DETERMINATION.¹

¹HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)- [RURAL SERVICE AREAS AND TARGET POPULATIONS](#)- LIST OF RURAL COUNTIES AND DESIGNATED ELIGIBLE CENSUS TRACTS IN METROPOLITAN COUNTIES.

3. Implement Rural Language Throughout the Standard:

Section 7(2)(a) ~~The proposed host site is located in a rural or micropolitan statistical area county.~~

Appendix A(2)(b) Steps for determining ~~urban~~ METROPOLITAN COUNTY/rural AREA" adjustment factor:

Appendix A(2)(b)(i) For each hospital, assign METROPOLITAN COUNTY ~~urban~~/rural AREA status. ~~based on the county classifications found in Appendix C. "Metropolitan statistical area counties" will be assigned "urban" status, and "micropolitan statistical area" and "rural" counties will be assigned "rural" status.~~

Appendix A(2)(b)(ii) Aggregate the records from step (a)(i) by zip code "METROPOLITAN COUNTY ~~urban~~/rural AREA" status.

Appendix A(2)(b)(iii) Identify the zip codes in which all records are either "METROPOLITAN COUNTY ~~urban~~" status or "rural AREA" status. Aggregate the number of records and zip code populations separately by "METROPOLITAN COUNTY ~~urban~~/rural AREA" status.

Appendix A(2)(b)(iv) For zip codes having records in both "METROPOLITAN COUNTY ~~urban~~" and "rural AREA" status, Calculate the proportion of records in "METROPOLITAN COUNTY ~~urban~~" and "rural AREA" by dividing the respective number of records by the total number of records for that zip code. Multiply the population of each zip code by its respective "METROPOLITAN COUNTY ~~urban~~" and "rural AREA" proportions.

Appendix A(2)(b)(v) Aggregate the records and populations from step (b)(iv) separately by "METROPOLITAN COUNTY ~~urban~~/rural AREA" status.

Appendix A(2)(b)(vi) The sub-totals from step (v) will then be added to the sub-totals from step (iii) to produce totals for "METROPOLITAN COUNTY ~~urban~~" & "rural AREA" separately. Calculate the "METROPOLITAN COUNTY ~~urban~~" and "rural AREA" discharge rates per 10,000 (~~DRU and DRR, respectively~~) by dividing the total number of records by the total population for each status, then multiplying by 10,000.

Appendix A(2)(b)(vii) Divide the METROPOLITAN COUNTY ~~urban~~ discharge rate by the rural AREA discharge rate (~~DRU/DRR~~) to calculate the "METROPOLITAN COUNTY ~~urban~~/rural AREA" adjustment factor. Multiply the statewide adjustment factor identified in step (a)(iii) by the "METROPOLITAN COUNTY ~~urban~~/rural AREA" adjustment factor. The result is the revised factor for calculating UESWL procedures.

2. Remove Appendix C

~~APPENDIX C~~

~~Rural Michigan counties are as follows:~~

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)
 Statistical Policy Office
 Office of Information and Regulatory Affairs
 United States Office of Management and Budget

4. Other technical edits:

Section 10(1)(a): The number of inpatient records with a diagnosis, either principal or nonprincipal, of ICD 9 CM codes 592.0, 592.1, or 592.9 (see Appendix CÐ for ICD-10-CM Codes) shall be counted.

Sec. 12. (1) These CON review standards supersede and replace the CON review standards for urinary extracorporeal shock wave lithotripsy (UESWL) services approved by the CON Commission on ~~JUNE 12, 2025~~~~September 19, 2019~~ and effective on ~~AUGUST, 27 2025~~~~November 12, 2019~~.

Appendix A(2)(a)(i) Determine the total statewide number of inpatient records with a diagnosis, either principal or nonprincipal, of ICD 9 CM codes 592.0, 592.1, or 592.9 (see Appendix CÐ for ICD-10-CM Codes) for the most recent year for which Michigan Inpatient Database information is available to the Department.



Oral comments may be presented during the hearing on Tuesday, October 16, 2025, or submitted in writing by sending an email to the following email address: MDHHS-ConWebTeam@michigan.gov. If your comment is in written form, please provide a copy to Tiffani, Katherine, Justin or Marcus at the conclusion of your testimony.

Please submit written comments no later than **5:00 p.m., Friday, October 24, 2025.**

If you have any questions or concerns, please contact Tiffani, Katherine, or Justin at MDHHS-ConWebTeam@michigan.gov.