

Bulletin Number: MSA 20-79

Distribution: Nursing Facilities, Assisted Living Facilities, Adult Foster Care Homes, Homes for the Aged, Hospitals, Prepaid Inpatient Health Plans, Community Mental Health Services Programs, MI Choice Waiver Agencies, Program of All-Inclusive Care for the Elderly (PACE) Providers, Integrated Care Organizations

Issued: December 22, 2020

Subject: COVID-19 Response: Policy for Care and Recovery Center (CRC) Bed Capacity Changes

Effective: Immediately

Programs Affected: Medicaid

PURPOSE

Policy bulletins MSA 20-72 and MSA 20-77 establish operational requirements for Care and Recovery Centers (CRC) in nursing facilities and hospitals, respectively. This policy outlines operational requirements and processes for CRC reduction and deactivation as well as new procedures to increase or resume CRC bed capacity.

Michigan Department of Health and Human Services (MDHHS)-initiated CRC Reduction or Deactivation

MDHHS may initiate CRC bed capacity reductions or CRC deactivations. MDHHS-initiated CRC reductions will be based upon, but not limited to, changing community need. Instances that may require MDHHS to deactivate a CRC include, but are not limited to:

- The CRC meets one of the exclusion criteria.
- The CRC fails to meet the operational criteria.
- There is no longer a need for a CRC in that region.

To maintain the safety of all residents and support resident choice, MDHHS will provide advance notification of intent to reduce capacity or deactivate a CRC. The purpose is to ensure the safe transfer or discharge of remaining residents and support the CRC's transition. Upon receipt of MDHHS' intent to reduce or deactivate the CRC, the CRC must respond with their plan within 10 business days as described below. MDHHS-initiated reductions or deactivations will undergo a case-by-case in-depth review. Determinations made by MDHHS are deemed final.

CRC Resumption/Increase Process

MDHHS may require a CRC, or the CRC may request, to resume previous beds or increase present bed capacity based on increasing community need. The plan to resume or increase capacity must include:

- A revised floor plan clearly indicating the resumption of previously approved beds or additional beds proposed for the CRC.
- An explanation of how the resumption or expansion of the designated wing/unit will impact non-COVID-19-affected residents and the plan for their safe transfer to a non-CRC unit.
- An explanation of how residents in the CRC rooms of the wing(s)/unit(s) will be impacted by the resumption or increase in bed capacity.
- The requested effective date of the CRC expansion.
- The requested revised number of beds in the CRC for COVID-19-positive residents.

CRC Bed Capacity Reduction Process

Upon notification from MDHHS, or if the CRC chooses to reduce bed capacity on its own, the CRC must submit a revised bed capacity plan to MDHHS for approval.

The plan to reduce capacity must include:

- The facility's revised floor plan for the designated CRC.
- An explanation of how residents in the beds planned for reduction will be safely relocated.
- Decontamination strategy for the beds being removed from the CRC that delineates infection control procedures to be used before use for non-COVID-19-affected residents in these rooms/unit(s).
- The requested effective date of the reduction.
- The requested revised number of beds to remain in the CRC for COVID-19-positive residents.

CRC Deactivation Process

Upon notification from MDHHS, or if the CRC chooses to deactivate CRC status, the CRC must include a written plan for the relocation of any remaining residents in the CRC.

The plan must address the following:

- Scheduled discharge dates for each resident of the CRC, along with anticipated location for discharge.
- Decontamination strategy for the CRC that delineates infection control procedures to be used for putting non-COVID-19-positive residents in the rooms formerly used as a CRC.
- The requested effective date to deactivate the CRC.

CRC Change Request

Upon submission of the CRC change request to resume, increase, reduce, or deactivate CRC bed capacity, MDHHS will complete a desk review of the CRC's request along with an updated floor plan and supportive documentation. To support a timely desk review, the CRC's change request must be complete and accurate. Each request will be determined on a case-by-case basis. Determinations may include a request by the Department of Licensing and Regulatory Affairs (LARA) to complete an onsite or virtual assessment to verify compliance with required standards. Following review, the CRC may be required to modify the plan to ensure the health and welfare of residents not only within the CRC, but also the rest of the nursing facility and the community.

MDHHS retains discretionary rights to request revision to proposals for changes in capacity. CRCs are disallowed from making capacity changes without prior MDHHS notification and approval. Determinations made by MDHHS are deemed final.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Emily Frankman via e-mail at Frankmane@Michigan.gov.

Please include "COVID-19 Response: Policy for Care and Recovery Center (CRC) Bed Capacity Changes" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. Communications should include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

Approved



Kate Massey, Director
Medical Services Administration