

STATE: MICHIGAN, Department of Health and Human Services (DHHS)

WEBSITE: www.mi.gov/con

Criteria	Description	Source
What facilities or equipment reviewed (i.e., urgent care, insurance companies)	<p>"Health care facilities:"</p> <ul style="list-style-type: none"> • Hospital • Psychiatric Hospital or Unit • Nursing Homes • Freestanding Surgical Outpatient Facility • HMO (only for limited projects) <p>"Clinical Services":</p> <ul style="list-style-type: none"> • Air ambulance services (helicopters) • Cardiac cath services • CT-Scanner scanner • Hospital beds • MRI services • NICU • Nursing Home/Hospital Long-Term Care Beds • Open heart surgery services • Surgical services • Transplantation services • Urinary lithotripter services 	<p>MI Public Health Code Part 222, Act 368</p> <p>MI CON Brochure</p>
What actions reviewed	<ul style="list-style-type: none"> • Increase in the number of licensed beds or relocation of licensed beds from one site to another • Acquisition of existing health facility • Operation of new health facility • Initiation, replacement or expansion of covered clinical services • Short term nursing care program (swing beds) • Capital expenditures exceeding \$3.18 million <p>No terminations</p>	<p>MI Public Health Code Part 222, Act 368</p>
Decisions	<p>FY15: 316 Final Decisions; 315 Approvals (53 of which were approvals with conditions); 1 denial (few denials because standards are clear so applicants can predict which applications will be approved)</p> <p>Conditions on approvals are generally used primarily to put applicant on notice that must do certain things (i.e., report on project's progress or services utilization)</p>	<p>Phone Interview</p>
Hospitals, systems and population	<p>~180 hospitals, majority are part of a hospital system or affiliation</p> <p>Population: 9,922,576</p>	<p>Phone Interview</p>

	<p>Additional Fee: Comparative or Complex Review \$ 3,000 Expedited Review \$ 1,000 Amendment Request or LOI Waiver \$ 500 Annual Survey \$ 100 (per Facility per Covered Service)</p>	
Decision maker (i.e., review panel, Deputy/Commissioner)	Director of Health and Human Services (akin to CT's Commissioner)	Phone Interview
Use of Experts	<ul style="list-style-type: none"> Contract with Michigan State University – conducts demographics research and does statistical analyses on behalf of the program (using data collected from the Michigan Inpatient Database) Standards Advisory Committee Members – at least 2/3 of members on each committee must be experts in committee-relevant field 	Phone interview
Scheduling/Timeline (i.e., batching? expedited, etc.)	<ol style="list-style-type: none"> Competitive (comparative) batching for project types for which the need is limited – beds and transplantation service; may be submitted at one of three times during the year after submitting a Letter of Intent; Proposed decision issued within 150 days of application being deemed complete Non-substantive Reviews – for projects not requiring a full review, requiring less information and processed more quickly (e.g., equipment replacements and addition of mobile host sites); Proposed decision issued within 45 days of application being deemed complete Substantive Reviews - for projects requiring a full review, but on an individual basis (i.e., not competitive); Proposed decision issued within 120 days of being deemed complete Expedited Review – Applicant submits an expedited review request form and explanation for the need for expedited review; based on the reasonableness of the Applicant's explanation and the case-load ability of the assigned analyst, the office may opt to approve the request. The expedited decision date is agreed upon between the analyst and the applicant. 	CON Brochure
Public Hearings	<p>Public hearings are not held for CON applications; however, the public may submit comments in writing at any point during the review of the application. Public comments are taken into consideration when making a decision on a CON.</p> <p>All of the CON Commission and SAC meetings are open to the public.</p>	Phone interview
Planning	No plan produced by the CON staff, but some planning is integrated into the CON standards. Other units within DHHS develop unit-specific plans (i.e., reducing infant mortality) that can inform the CON standards and provide direction.	Phone interview

Enforcement	<p>Can issue:</p> <ul style="list-style-type: none"> • Compliance order • Civil fine • Proposed corrective action <p>No “character review” of past CON applications or other existing facilities, unless the application is for the same type of service as a previous CON that violated conditions.</p>	<p>Phone Interview</p> <p>Public Health Code 333.22247</p>
Quality of Care	<p>Don't have the authority to collect or review specific data on quality of care, but some of their CON standards address quality of care. Applicants are bound to those standards once their applications are approved.</p>	<p>Phone Interview</p>
Data	<p>Conduct Annual Survey – collects the previous year’s statistical data from every CON covered service provider; data collected depends on the type of service, which can include volume, number of patient days of care, staffing levels and deliverable (e.g. for cardiac cath lab: the number of simple and the number of complex procedures performed by each doctor)</p> <p>State Census Data – used to calculate specific need based on CON Commission methodology</p> <p>Michigan Inpatient Database – database of inpatient discharge data used by MSU</p>	<p>Michigan Inpatient Database</p>
Rate Setting	<p>Michigan does not do rate setting.</p>	<p>Phone Interview</p>