

Michigan Office of Administrative Hearings and Rules
MOAHR-Rules@michigan.gov

**AGENCY REPORT TO THE
JOINT COMMITTEE ON ADMINISTRATIVE RULES (JCAR)**

1. Agency Information

Agency name:

Licensing and Regulatory Affairs

Division/Bureau/Office:

Bureau of Community and Health Systems

Name of person completing this form:

Tammy Bagby

Phone number of person completing this form:

517-243-9351

E-mail of person completing this form:

BagbyT@michigan.gov

Name of Department Regulatory Affairs Officer reviewing this form:

Elizabeth Arasim

2. Rule Set Information

MOAHR assigned rule set number:

2022-21 LR

Title of proposed rule set:

Homes for the Aged

3. Purpose for the proposed rules and background:

The Homes for the Aged administrative rules provide for the licensing regulation of homes for the aged, including establishing the standard of quality care requirements.

The proposed changes are due to obsolete rules and to comply with the requirements set forth in MCL 333.20171.

The specific rules proposed for revision are:

R 324.1901 (10),(14) and (17)- Definitions

R 325.1924 - Reporting of incidents

R 325.1932 - Medications

4. Summary of proposed rules:

The proposed rules establish requirements for state licensed homes for the aged providers to record, track, and respond to incidents where a resident is harmed. These documents must be available to the department upon request during routine inspections or complaint investigations.

5. List names of newspapers in which the notice of public hearing was published and publication dates:

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7/26/2022 Flint Journal
 7/27/2022 Grand Rapids Press
 7/28/2022 Marquette Mining Journal

6. Date of publication of rules and notice of public hearing in Michigan Register:

8/15/2022

7. Date, time, and location of public hearing:

8/18/2022 09:00 AM at Williams Building, 1st Floor Auditorium , 525 West Ottawa Street, Lansing, MI 48933

8. Provide the link the agency used to post the regulatory impact statement and cost-benefit analysis on its website:

<https://ARS.apps.lara.state.mi.us/Transaction/RFRTransaction?TransactionID=1380>

9. List of the name and title of agency representative(s) attending public hearing:

Larry Horvath, Director of the Bureau of Community and Health Systems
 Heather Hosey, Director of the Health Facility Licensing, Permits and Support Division in the Bureau of Community and Health Systems, and Andrea Moore, Manager of the Long-Term Care State Licensing Section

10. Persons submitting comments of support:

Dalton Herbel, LeadingAge MI

11. Persons submitting comments of opposition:

None

12. Persons submitting other comments:

Robert Stein, Michigan Assisted Living Association,
 Linda Lawther, Michigan Center for Assisted Living (MCAL)
 Michelle Roberts, Disability Rights Michigan

13. Identify any changes made to the proposed rules based on comments received during the public comment period:

	Name & Organization	Comments made at public hearing	Written Comments	Agency Rationale for Rule Change and Description of Change(s) Made	Rule number & citation changed
1	Robert Stein, Michigan Assisted Living Association		Rule 1(n) - Our organization recommends that the proposed definition under Rule 1(n) be revised to the following	The bureau agreed that the suggested change provides clarity and to remove the "service plan" phrase.	R 325.1901 (n) R 325.1932 (2), (3)(b)(ii), (3)(b)(vi) and 3(c)

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			<p>language: “Medication management” means assistance with the acquisition and administration of a resident’s prescribed medication.</p>	<p>325.1901 (n) definition revised and removed reference to service plan. changed from “Medication management” means assistance with the acquisition and administration of a resident's medication as prescribed medication as listed in a resident’s service plan by a licensed health care professional. To "Medication management" means assistance with the acquisition and administration of a resident’s prescribed medication resident's medication as prescribed by a licensed health care professional.</p> <p>The changes listed below were necessary based on the changes made due to Mr. Stein’s comments on 325.1901 (n).</p>	
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				<p>325.1932 (2) “service plan” was agreed upon to be removed from 325.1901 (n), based on Mr. Stein’s comments. For consistency, it also needed to be removed from 325.1932 (2).</p> <p>1932 (3)(b)(ii) 325.1901 (n) was modified and added “prescribed” based on Mr. Stein’s comments. For consistency, it also needed to be added to 1932 (3) (b)(ii).</p> <p>In response to Mr. Stein’s comments to remove the documentation of medication from the service plan, the bureau needed to provide clarification on where the documentation of medication changes needed to be in place of the service plan, which is the addition of the reference to medication log. 325.1932 (3)(b)</p>	
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				<p>(vi) added language referencing subdivision (c).</p> <p>325.1932 (3)(c) added "medication log" to ensure medication was recorded at a minimum in a log with the removal of service plan term.</p>	
2	Dalton Herbel, LeadingAge MI		<p>We ask that the language used to describe these internal incident and accident reporting entities/programs be changed from "Quality Assessment and Performance Improvement Program" (QAPI) to simply "Quality Review Program".</p>	<p>The bureau agreed with the suggested change to avoid confusion and changed " Quality Assessment and Performance Improvement Program" to "Quality Review Program" .</p>	<p>R 325.1924 (1) (6) and (9)</p>

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3	Linda Lawther, Michigan Center for Assisted Living (MCAL)		Rule 24(3), the following language is preferred: The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel from the home and if needed additional staff who have training or experience with the type of the incident being evaluated.	The bureau agreed the suggested change provides clarity to the minimum number of staff needed for a multi-disciplinary team. Changed from (3) The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel from the home and additional staff who have training or experience with the type of the incident being evaluated. Changed to (3) The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel that have training or experience with the type of incident being evaluated.	R 325.1924 (3)
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14.Date report completed:

11/14/2022