GENESEE HEALTH SYSTEM

REQUEST FOR PROPOSAL
DESIGN – BUILDER SERVICES
PROJECT "ONE" & PROJECT "TWO"

ISSUED: MAY 7, 2023

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I. PURPOSE AND SPECIFICATIONS

Genesee Health System (hereinafter referred to as the "Board") is seeking sealed proposals from interested and qualified parties experienced in providing Professional Design Build Services. The ideal candidate will possess the depth of knowledge and expertise in medical health practice development schematic design through construction/construction administration. These services/products will be provided at locations as requested by the Board.

Proposals must be clear, concise, typewritten, and must be signed in ink by the official authorized to bind the submitter to its provisions. The contents of this Request for Proposal (RFP) will become incorporated within any contract signed by the Board and the provider of service. Do not retype this RFP, instead, respond on a separate page and cite the section number for each response. All areas of the offered proposal must be addressed in the same sequence cited in the RFP instructions in order that proper consideration is given to the proposal. Proposals submitted without information or incomplete content will result in the proposal being removed from consideration. The Offeror must complete an **Offeror Cover Sheet** and attach to the proposal.

To ensure that each potential Offeror has a complete understanding of the scope of this project, a mandatory pre-proposal conference will be held via Microsoft TEAMS on **MAY 11, 2023,** beginning at **2:00 P.M.** Interested parties must email a request to RFPreplies@genhs.org for the Microsoft TEAMS Meeting link, prior to **NOON on MAY 11th**. The structure of the RFP will be reviewed at this time. The information and documents provided during the pre-proposal conference are intended to become an integral part of the RFP. The following day, **MAY 12, 2023**, beginning **at 10:00 A.M.** a mandatory pre-proposal walk-through of the **1040 W. Bristol Road** Facility (formerly a classroom building of Baker College) will be conducted beginning with the **Project "One"** spaces; then extending the tour to the **Project "Two"** space beginning at **11:30 A.M.** Offerors are to use their expertise and creativity to meet or exceed the Board's needs and earn its trust. Questions about the RFP will only be addressed at the conference or from written questions submitted in advance of the conference to **RFPreplies@genhs.org**. Additional questions from conference attendees will be accepted by email prior to **Noon on MAY 17, 2023.** The Board will respond by **5:00 P.M. on May 24, 2023**, with a Q & A Document being emailed to conference/walk-through attendees.

Any change to this RFP subsequent to its release will be confirmed in writing by the Board. **One (1) original electronic version attached to your email** shall be sent to **RFPreplies@genhs.org**. **Proposals will be accepted until MAY 30, 2023 by Noon**, **EST. Proposals must be received by this date and time in order for the proposal to be considered**. The following should be noted in the **Subject** line of your email:

"RFP – DESIGN-BUILDER SERVICES – PROJECT "ONE" & "TWO""

If electing to mail or hand deliver proposals, you must provide an **electronic file** on flash drive. Proposals may be mailed or hand delivered to the following address:

Genesee Health System
Attn: Contract Management
420 W. Fifth Ave., 2nd Floor Annex
Flint, MI 48503

MARK ON OUTSIDE OF PACKAGE, THE FOLLOWING:
"RFP – DESIGN-BUILDER SERVICES – PROJECT "ONE" & "TWO" "
"DO NOT OPEN BEFORE MAY 30, 2023 @ 1:30 P.M."
[INSERT YOUR COMPANY NAME]

Proposals will be opened **on MAY 30, 2023, at 1:30 P.M.** from responsive offerors. The proposal shall cover services beginning on or about JULY 1, 2023 or as agreed upon by the DB and the Board. The product/service will be delivered on or about **JULY 1, 2023** or as agreed upon by the Contractor and the Board.

The Board reserves the right to accept or reject any/all proposals received pursuant to this RFP, in whole or in part; and/or to waive any/all irregularities therein; and/or to delete/reduce the units of service; and/or to negotiate proposal terms in any way whatsoever to obtain a proposal as deemed in its best interest. The Board reserves the right to re-solicit/re-advertise as deemed necessary.

INTRODUCTION AND OVERVIEW

The Board received Authority status as of January 1, 2013, effectively becoming a distinct non-profit separate from the County of Genesee. Funding for the service(s) described herein is enabled by a cost reimbursement contract with the Region 10 Prepaid Inpatient Health Plan to manage the Concurrent 1915(b)(c) Programs, the Healthy Michigan Plan and relevant I Waivers in Genesee County, Michigan and to provide a comprehensive array of specialty mental health services and supports as indicated therein. The Board also operates Genesee Community Health Center, which offers a holistic approach to physical health care for those who may otherwise go without.

The Board intends to enter into a contract with a for-profit or non-profit entity or entities to provide **Design-Builder Services**. It is expected that the proposal to provide these services will be in compliance with all applicable State and Federal standards and guidelines.

The Board has chosen to meet the challenge of managed care by managing its mental health care service delivery through evaluation and monitoring, and expecting its service providers to be solely responsible for managing its operations consistent with terms of the accepted contract. Consequently, the Offeror should be aware that providers from whom the Board purchases services are expected to operate in the marketplace and be able to effectively meet the requirements for establishing and maintaining a contractual relationship with the Board. This RFP establishes criteria and requirements that have been designed to cover important aspects of the services to be provided.

COST LIABILITY

The Board assumes no responsibility or liability for costs by the Offeror, or any Offeror prior to the execution of a contract between the organization and the Board.

OFFEROR RESPONSIBILITIES

All inquiries concerning the content of the RFP shall be submitted to the address cited on page two and three of the RFP.

It is the responsibility of the Offeror to understand all details of the RFP. The Offeror, by submitting a response, indicates a full understanding of all details and specifications of the RFP. Offerors are expected to present narrative statements/summaries in a clear, concise, and organized manner for review.

The Offeror is solely responsible for its timely delivery of **One (1) original electronic version attached to your email** sent to **RFPreplies@genhs.org** or delivered to the physical address listed, on or before the date and time specified, on page three of the RFP. The Contract Management Office will be the single point of contact throughout the RFP process.

RFPs submitted after the deadline will not be considered and will be discarded.

All RFPs submitted by the deadline will become the property of the Board.

OTHER MATERIALS

Offerors may attach other materials believed to be relevant to illustrating the Offeror's ability to successfully provide the(se) service(s).

AWARD OF CONTRACT

It is the intent of the Board to enter into a contract with provider(s) that will emphasize administrative efficiencies, and possess the capacity, infrastructure, and organizational competence to provide the requirements under this proposal.

Award recommendations are contingent upon an initial evaluation of the Offeror's qualifications to determine if the Offeror is a quality provider.

There are three types of evaluation that **may be used** to determine if an Offeror meets quality standards. The first is an evaluation of the written response to the RFP. The second involves interviewing Offeror's staff and/or regulators. The third involves interviews with Offeror's customers.

In addition to access to customers, the evaluation process must be assured of unimpeded access to employees of the Offeror. Requests for additional information to assist the evaluators, may be submitted to the prospective Offeror in order to facilitate sampling satisfaction.

Offerors who are awarded contracts shall not assign or delegate any of their duties or obligations under the contract to any other party without written permission of the Board.

DISCLOSURE

All information in an Offeror's proposal is subject under the provisions of Public Act No. 442 of 1976 known as the Freedom of Information Act.

CONFLICT OF INTEREST

Offerors awarded a contract will affirm that no principal, representative, agent, or other acting on behalf of or legally capable of acting on the behalf of the Offeror, is currently an employee of the Board; nor will any such person connected to the Offeror currently be using or privy to any information regarding the Board which may constitute a conflict of interest.

At the time of the proposal, all Offerors shall disclose any known direct or indirect financial interests (including but not limited to ownership, investment interests, or any other form of remuneration) that may be present between the Offeror or its potential subcontractors, and Board personnel. This disclosure shall be made to the Board's Senior Director of Business Operations who will forward the information to the CEO.

As part of the proposal, include a list of any known potential subcontractors, including the portion of work being contracted out to other licensed contractors. This listing of potential subcontractors shall be limited to the name of the company, name of the company's owner(s), and business address. If any other subcontractor is selected after a contract is awarded, the successful Offeror shall provide the Board with the name of the company, its owner(s), and address. This requirement is not intended to apply to minimal relationships such as the purchase of a small dollar amount of supplies to complete a project.

RELATIONSHIP OF THE PARTIES (INDEPENDENT CONTRACTOR)

The relationship between the Board and any Offerors successful in obtaining a contract is that of client and independent contractor. No agent, employee, or servant of the contractor shall be deemed to be an employee, agent, or servant of the Board for any reason. The independent contractor will be solely and entirely responsible for its acts and the acts of its agents, employees, and servants during the performance of a contract resulting from the RFP.

NO WAIVER OF DEFAULT

The failure of the Board to insist upon strict adherence to any term of a contract resulting from this RFP shall not be considered a waiver or deprive the Board of the right thereafter to insist upon strict adherence to that term, or any other term, of the contract.

DISCLAIMER

All the information contained within this RFP reflects the best and most accurate information available to the Board at the time of the RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued to all potential Offerors who obtained the original RFP.

SERVICE DESCRIPTION

BACKGROUND

Design-Builder Selection Process

Throughout this RFP, reference **Design-Builder** ("DB") is assumed to include the design-build firm and any other firms, architects, engineers and/or personnel with which the DB has elected to partner for purposes of the Project Design-Builder Team ("DB Team"). DB engagement will be direct between the Owner and the DB. DB Team will be responsible for all communications, contracting, payment, and other matters with partner firms.

The Genesee Health System (GHS/Owner) is amid a period of growth and expansion to support its client base of Genesee County, City of Flint, and surrounding communities. Owner has a need to select and retain a qualified and licensed Design-Builder ("DB") intimately familiar with Flint Township building codes and permit approval processes. The Owner's preference is for DB to select two different architectural/engineering firms (one for Project "One" and/or Project "Two") to develop Schematic Design, Design Development, Construction Documents and to provide Construction Administration in conjunction with the DB as part of the DB Team. Project "One" and Project "Two" shall be considered as two "stand alone" projects located at 1040 Bristol Road, Flint, MI. The Owner may elect to award Project "One" and Project "Two" to different DB Teams or the same DB. The Owner reserves the right to further divide the Projects as determined to be in its best interest.

The project is a 164,000 s.f. classroom building of the former Baker College. Currently the building contains a multitude of classrooms, public spaces, administrative offices, conference rooms, exercise facilities and support spaces. Refer to ATTACHMENT "A" for First Floor conceptual project plan; and ATTACHMENT "B" for Second Floor conceptual project plan.

- Project "One" – approximately 34,000 s.f. renovation of existing office, classrooms, and conference room spaces to be home to a future Patient Care Facility and Administrative Offices located on both the first and second level. This future space will include, but not be limited to examination rooms, waiting areas, interview rooms, clinical/interview offices, and business function areas. There will be demolition of the current space involved, while some areas may remain untouched and only need to be "refreshed".

- Project "Two" – approximately 21,000 s.f. renovation of existing office, classroom and conference room spaces to house specialty treatment facilities for Behavioral Health Urgent Care (BHUC) / Crisis Stabilization Unit (CSU) to be located on the first level with direct access to an exterior patient loading and unloading zone. There will be complete area demolition of the space involved.

  This future space will include, but not be limited to, a medical health facility designed for CSU/BHUC physical specifications / guidelines which can be found within the attachment to this RFP – ATTACHMENT "C" – DRAFT CSU Certification Standards dated 02/23/23. Refer to ATTACHMENT "A" for First Floor conceptual project plan.

There are multiple funding streams associated with this (these) various stages of renovation projects and may include federal grant funding which may require the selected DB firm to obtain approval to proceed from various local, state and federal agencies or organizations.

Due to the dollar amount of the projects, the construction phase of the project will be subject to the payment of Prevailing Wage rates.

The DB may bid upon one project or both projects. In the case where the DB will bid on BOTH PROJECT "ONE" and PROJECT "TWO", the Owner's preference is for the DB to select <u>two</u> different Architectural/Engineering Firms (one for each project). The Owner requires a comprehensive and separate bid response which clearly assigns a specific A/E firm with documented experience identified as required under Project "Two". The DB Team(s) awarded the projects will be expected to provide and sign a Standard AIA Document A141-2014 form between the Owner and Design Builder (the "DB Agreement"; ATTACHMENT "D").

SCOPE OF WORK (inclusive for Projects "One" and "Two", unless otherwise noted)

Schematic Design Phase

Using ATTACHMENT's "A" and "B" as a design foundation, the DB Team shall prepare Schematic Design Documents for the Owner's approval. The Schematic Design Documents shall consist of drawings and other documents including refinement of existing preliminary building floor plans and details, wall sections, and elevations. Preliminary selections of building systems and construction materials shall be noted on the drawings. Work may include minor electrical and lighting upgrades along with relocation of existing doors and light carpentry.

Prior to commencing design, DB shall tour the building areas with the Owner to review and confirm each area's scope of work (assessment and inventory). During the tour, Owner shall identify additional needed spaces, such as prayer and lactation rooms, that are not currently identified on Attachments "A" and "B". DB shall incorporate these spaces in the Schematic Design floor plans.

DB shall provide compliant Life Safety and Building Code documentation for inclusion in the final CD / permit set to be submitted to the AHJ. Documents shall be code verified and compliant to all governing agencies. DB is responsible for obtaining all necessary permits for construction.

The DB Team shall consider the value of alternative and sustainable materials, building systems and equipment, together with other considerations based on program and aesthetics, in developing a design for the Project that is consistent with the GHS's program, schedule, and budget for the Cost of the Work.

The DB Team shall provide a cost estimate for the work along with the Schematic Design Documents to the Owner for review and approval.

Design Development Phase

Based on Owner's approval of the Schematic Design Documents, and on Owner's authorization of any adjustments in the Project requirements and the budget for the Cost of the Work, the DB Team shall prepare Design Development Documents for Owner's approval. The Design Development Documents shall illustrate and describe the development of the approved design and shall consist of drawings and other documents including plans, sections, elevations, typical construction details, and diagrammatic layouts of building systems to fix and describe the size and character of the Project as to architectural, structural, mechanical, and electrical systems, and other appropriate elements. The DB Team works out detailed coordination issues so that revisions will not be required during construction documentation. Depiction of all aspects of the design, including architectural, interior design, structural, HVAC, electrical, plumbing, and fire protection systems are essential. The Design Development Documents shall also include outline specifications that identify materials and systems and establish, in general, their quality levels.

The selected DB Team will update the estimate of the Cost of the Work to align the design development documents with an achievable budget. The DB Team shall submit the Design Development Documents to the Owner, while advising Owner of any adjustments to the estimate of the Cost of the Work and request Owner's approval.

The DB shall submit the Design Development Documents to the Owner for review and approval.

Construction Document Phase

Based on Owner's approval of the Design Development Documents, and on the Owner's authorization of any adjustments in the Project requirements and the budget for the Cost of the Work, the DB Team will produce the construction documents. Construction Documents shall illustrate and describe the further development of the approved Design Development Documents

and shall consist of Drawings and Specifications setting forth in detail the quality levels and performance criteria of materials and systems and other requirements for the construction of the Work. The DB's selected A/E shall incorporate the design requirements of governmental authority having jurisdiction over the Project into the Construction Documents.

DB Team will drive coordination and approvals through meetings with Owner's subject matter experts and DB and by issuing progress drawing packages at 60% and 90% before issuing 100% CD documents for bids and permit.

DB will coordinate schedules and lead a cross-discipline coordination check meeting with engineering disciplines and consultants prior to CD drawing package issuances.

Bidding Phase

During the Biding phase, the selected DB Team will prepare, assemble, and publish the documents for bidding. DB Team will assist as required to compile forms and information to meet Owner's and the DB's procurement needs. The DB Team will prepare responses to questions from prospective contractors, provide clarifications and interpretations of the bid documents, and publish addenda with Owner's consent during the bidding process. After bids have been received by DB, DB Team will participate in limited reviews of the submitted contractors' bids to determine that bid is responsive to the design intent. A minimum of 3 bidders will be required for each bidding category. These bids are to be shared and approved by the Owner prior to commencement of work.

Construction / Construction Administration Phase

DB is to take its responsibilities during the construction administration (CA) phase seriously and commits the resources necessary to provide proper review and support to allow for timely decisions. During Construction and CA, the DB Team will continue to lead the project efforts. Complementing this, the DB Team will appoint an administrative staff member dedicated to managing the incoming and outgoing RFI's, submittals, ASI's and bulletins in Teams project management software.

The DB Team shall advise and closely consult with the Owner during the Construction Phase Services. DB Team members shall visit the site at intervals appropriate to the stage of construction to oversee the progress and quality of the portion of the work completed, and to determine, in general, if the work observed is being performed in a manner in accordance with the Contract Documents. Based on the site visits, the DB shall keep Owner informed about the progress and quality of the work completed and promptly report to Owner any known deviations from the Contract Documents and defects and deficiencies observed by issuing site observation reports, completing a punch list review and verification, and reviewing close out submittals.

Design Meetings (Zoom / Teams Conference Calls)

Project "One"

The DB shall hold bi-weekly meetings with Owner's project staff (maximum of 4 meetings) to provide updates on design progress, address open issues, and plan upcoming meetings. Also, the

DB will hold key staff engagement/owner review meetings (maximum of 4 meetings) to present design progress and gather and respond to owner comments.

Project "Two"
The DB Team shall hold weekly touch base meetings with Owner's project staff (maximum of 8 meetings) to provide updates on design progress, address open issues, and plan upcoming meetings. DB Team will hold key staff engagement/owner review meetings (maximum of 8 meetings) to present design progress and gather and respond to owner comments.

Project Expectations
The following summary is intended to provide a general understanding of Owner's expectations and is not all inclusive.

- The DB, through its assembled DB Team, is required to design and construct Project "One" and/or Project "Two" to meet the Owner's Criteria, and to complete the Project(s) within the Contract Sum and Contract Time.

- Construction shall subsequently proceed in accordance with AIA 141 - Section 5.2 of the DB Agreement.

- The DB shall complete the Project(s) within the Contract Time. Final Completion shall occur within 60 days of Substantial Completion subject to weather conditions.

- The DB shall provide a 1-year warranty on all work from the date of final completion of the Project.

- Payment and Performance Bonds in the amount of 100% of the Contract Sum, in accordance with MCL 129.201 et seq.

- Retainage - 10% during Construction Phase until 50% complete. Upon achieving Substantial Completion, retainage will be released except for 150% of the value of the punch list items.

Assumptions and Clarifications

Owner shall provide:
- Limited existing condition documents in hard copy and electronic format.
- AutoCAD file of backgrounds of Attachment "A" and "B" for plan development. These documents will need to be field verified by the selected DB prior to further plan development.
- Access to building during project for information gathering, document verification, spatial review, etc. These visits are to be scheduled through the Owner's facilities Manager.
- Maintenance Work outlined below. DB bidders shall assume that this work will be completed prior to commencement of construction.

- Elevator maintenance
- Roof Repair
- AHU repair (assume all in working condition)
- Exterior and interior signage by others
- Water proofing of basement
- Fire system and alarm by others
- Exterior site improvements

EVALUATION CRITERIA AND SELECTION

The Board will evaluate each RFP submitted based on responsiveness to the Board's needs. The Board will take into account the estimated value, the project scope and complexity, as well as the professional nature of the services to be rendered. The award of contract, if made, will be the DB who is responsive to all administrative and technical requirements of the RFP, who has demonstrated competence and qualifications of the type of services required, and who receives the highest rating based upon the competence and professional qualifications and cost to perform the services required. Evaluation criteria shall also include:

1. Competence to perform the services as reflected by technical training and education, general experience, experience in providing the required services, and the qualifications and competence of persons who would be assigned to perform the services.
2. Ability to perform the services as reflected by workload and the availability of adequate personnel, financial resources, equipment, and facilities to perform the services expeditiously.
3. Past performance as reflected by the evaluation of others who have retained the services with respect to factors such as control of costs, quality of work, and an ability to meet deadlines.
4. Experience, qualifications, and ability to perform medical health design and construction services.
5. Personnel accessibility of the DB staff to the Board.
6. Experience with various delivery methods of construction.
7. Costs, durability, energy efficiency, and other benefits of prior medical health practice designs.
8. Interview presentation. (May be requested)

INTERVIEWS

The Board may take an additional step and interview DB members including but not limited to their selected Architect firms evaluated as being professionally and technically qualified. The purpose of the interview would be to allow the DB Team to present its qualifications, experience, education, training, past performance, etc., in regard to the professional services to be provided to the Board. Interviews would also

provide an opportunity for the board to seek clarifications from the DB. DB's selected for an interview will be notified of the date, time, and place of the interview.

II. OFFEROR CRITERIA AND RESPONSE REQUIREMENTS

Proposal Requirements - The Offeror shall be responsible for preparing an effective, clear, and concise proposal. The Offeror is required to respond to the following areas, in the order presented below and to identify/label each response with the corresponding alpha numeric designation. The Offeror shall provide a response to each element requesting a response.

Each Design-Builder Team shall submit a complete set of responses for the Project "One", **then also submit an additional complete set** of responses for the Project "Two". Project "One" and Project "Two" will be reviewed and scored as standalone projects, by Owner's two distinct selection committees. This applies to all three response requirements under Section II, A, B and C. The DB submitting proposals shall respond to, but is not limited to the following information:

A. Service Delivery System; Experience and Qualifications

Provide a complete response to each item listed below relating to the Service Description section of the RFP, and specifically, the Experience and Qualifications section questions A.1 through A.11 and including responses to any and all sub-questions contained within.

1. DB shall specify the A/E firm selected to partner with for each of the two projects (or a single project):
    a. Project "One".
    b. Project "Two".

2. Demonstrate DB Team's abilities to remodel an existing building and convert for the needs of a medical health practice or other medical health facilities. Provide thorough detail to include, but not limited to: business name; project title; total construction cost/value; project pictures; physical locations; awards, etc. (minimum of 5 examples).

3. Provide a minimum of two project experiences with the design of CSU/BHUC or similar such medical treatment facilities. (This is an *exclusive* requirement for Project "Two"). (DB response for Project "One" should read, "Not Applicable" ("NA") within your bid response for II.A.3.)

4. A Management Plan that provides at least the following information: (The Management Plan should be concise yet contain sufficient information for evaluation by the selection committee.)

a. Provide the education, training, experience, licensing, and qualifications of members of the firm and key employees for these projects, including the individuals responsible for the design, sustainability, energy efficiency, and for field supervision during the construction. Include an organization chart.

b. Describe how the firm intends to manage their responsibilities and provide value engineering for life cycle costs, cost control, risk identification, and risk mitigation.

c. Propose project production schedule showing critical dates and other information in sufficient detail for the selection committee to determine the feasibility of the time frames indicated. Provide duration of each milestone phase of the project.

d. Demonstrate the experience, qualifications, and expertise of the firm with these types of projects, specifically the design services for a medical health facility. Management plans shall reflect community relations, innovative ideas, technical capabilities, project experience, and ability to perform the services as reflected by workload and having adequate personnel, equipment, and facilities.

e. The plan should also clearly identify the DB's methods for providing the following:

- Comprehensive architectural services from pre-design through construction.
- Deliverables review and approval by the Board at various stages of project development.
- Construction administration.
- Analysis and consultation with the Board in the determination of the best construction delivery method for this project.

f. Indicate all firms or individuals the firm anticipates utilizing to provide engineering, interior design, acoustic engineering, lighting design and any other services required, as the DB Team.

5. DB Project Team / personal resumes - provide the education, training, experience, licensing, and qualifications for key employees, including the individuals responsible for the design, sustainability, energy efficiency, and for construction observation (maximum of 8 pages).

6. Describe your current capacity to undertake this PROJECT "ONE" and/or PROJECT "TWO", each with aggressive timelines (maximum of 1 page).

7. Project organizational chart, identifying single point of contact to Owner and all sub-consultant team members.

8. Summarize alternative options and recommendation(s) as to the preferred construction delivery method for this project (maximum of 3 pages).

9. Provide previous project examples of similar type projects the firm has designed, along with renderings and/or photographs of completed projects. Include any other information that would aid in the evaluation of the designs, such as costs, durability, energy efficiency, other benefits, etc.

10. Declare the accessibility of the DB, DB Team and specifically the Architectural/Engineering personnel to the Board, beginning on or **about JULY 1, 2023** and moving forward over the next 3, 6, and 9 months.

11. Provide any additional information regarding your team's qualifications and performance data pertinent to this project.

B. Pre-Qualifications, Legal Structure and Financial Viability

1. The Offeror shall submit documentation and proof of entity (e.g. IRS 501(c) 3 determination); copy of Articles of Incorporation or document under which the organization is constituted/organized from its inception;

2. The Offeror shall include the names, addresses, and title or representation of all owners or controlling parties of the organization, whether they are individuals, partnerships, corporate bodies, or subdivisions of the bodies;

3. Legal name of the firm, subconsultants and location of all their offices, specifically indicating the principal place of business (maximum of 1 page).

4. Cover letter stating reason for submitting this proposal and level of commitment to this project (maximum of 2 pages).

5. A/E firm must declare its responses are intended for either Project "One" or Project "Two" or both (maximum of 2 pages).

6. Brief history and the range of services offered, including age of the firm, total number of years of experience, and the average number of employees over the past five years (maximum of 2 pages).

7. Provide names of at least five (5) clients who may be contacted, including at least two (2) for whom medical health facilities (ideally being of similar size and nature indicated above) were designed in the past five (5) years.

8. Submit a certificate of insurance indicating the present level of professional liability with a minimum of $1,000,000 individual/$1,000,000 aggregate limits and other insurance coverage for the DB and A/E firms. [Insurance types and

levels as provided for in AIA Document A141-2014 Standard Form of Agreement between Owner and Design-Builder (ATTACHMENT "D") and AIA Document A141-2014, Exhibit B, Insurance and Bonds document (ATTACHMENT "E").

9. Provide a brief narrative of any actions taken by any regulatory agency against the Architect or its agents or employees with respect to any work performed (maximum of 1 page).

10. List and describe any litigation, arbitration, or other alternative dispute resolution proceedings the Architect has been involved in with an owner within the past ten years (maximum of 1 page).

11. To be considered responsive to the requirements of this RFP, the DB shall provide verifiable evidence that the firm, personnel, and associated consultants are appropriately licensed in the State of Michigan and meet all the requirements and qualifications described herein. The Board reserves the right to request additional information which, in the Board's opinion, is necessary to assure that the Architect's competence, business organization, and financial resources are adequate to perform the work described herein (maximum of 2 pages).

C. Rate Submission for Products and Services to be provided

Owner intends to enter into a Design-Build Agreement with the selected DB using a modified AIA Document A141-2014 form between the Owner and Design Builder (the "DB Agreement").

Financial proposals regarding the DB Project(s) (Project "One" and/or Project "Two") shall identify architectural and engineering costs and fees; and the professional construction management services costs to be provided to the Board.

Offeror, DB, shall present the cost of each DB Project being bid.

DB shall clearly identify the Project or Projects for which the firm is presenting rates.

Owner has included a document **ATTACHMENT "F"** and herein, <u>*requires*</u> the DB to submit its **C.** ***Rate Submission for Products and Services to be provided*** on the attached form. **ATTACHMENT "F"** is a fillable PDF.

GENESEE HEALTH SYSTEM

REQUEST FOR PROPOSAL
DESIGN-BUILDER SERVICES

III. RFP OFFEROR COVER SHEET

Offeror Information

Name of Organization:

Address:

Authorized Representative:

Title:

Telephone Number:

Fax Number:

Person(s) to Contact:

1. *For Board representative to ask questions regarding the contents of the packet:*

   Title:

   Telephone Number:

   E-Mail Address:

Program Services Included in the Proposal:

DESIGN-BUILDER SERVICES – PROJECT "ONE" &
PROJECT "TWO"

IV. TIMELINE REQUIREMENTS

The following is the calendar of events related to this RFP:

EVENT	**FIRM DATES**
Issue RFP	MAY 7, 2023
REQUEST Link to TEAMS conference Email Request to RFPreplies@genhs.org	MAY 11, 2023 by NOON
Submit Questions to RFPreplies@genhs.org	MAY 11, 2023 by NOON
Pre-Proposal Conference (mandatory) Microsoft TEAMS	MAY 11, 2023 at 2:00 P.M.
Pre-Proposal Walk-Through (mandatory) 1040 West Bristol Road, Flint	MAY 12, 2023
• **PROJECT ONE** – 1st & 2nd Fl. Admin/Clinical	10:00 A.M. to 11:30 P.M.
• **PROJECT TWO** – CSU/BHUC	11:30 A.M. to 12:30 P.M.
Additional Questions accepted by Email to RFPreplies@genhs.org	MAY 17, 2023 prior to NOON
Q&A Document email to conference/walk-through attendees	MAY 24, 2023 by 5:00 P.M.
Deadline for Final Submission of Proposals to Board (1 electronic version to RFPreplies@genhs.org)	MAY 30, 2023 by 12:00 NOON
Opening	MAY 30, 2023 at 1:30 P.M.
Shortlist Candidates for Interviews (anticipated)	JUNE 5, 2023
Interviews Conducted (anticipated date - week of)*	JUNE 5, 2023
Award (Tentatively)	JULY 1, 2023
Delivery Due By:	TBD, as agreed

** DB personnel who interview must include the same key personnel who will be in charge of the Project during pre-construction and construction phases.*

V. ATTACHMENTS

Review GHS's website to review & download the following ATTACHMENTS:
(Select the following hyperlink - https://genhs.org/rfp-grant-opportunities/)

ATTACHMENT A*

- First Floor Renovated Space Plan

ATTACHMENT B*

- Second Floor Renovated Space Plan

NOTE: *ATTACHMENT's "A & B". Areas highlighted in Green or Blue are specifically excluded from consideration under this DB contract.

ATTACHMENT "C"

- DRAFT CSU Certification Standards dated 02/23/23.

ATTACHMENT "D"

- AIA Document A141-2014 Standard Form of Agreement between Owner and Design-Builder.
- *By Reference Only*

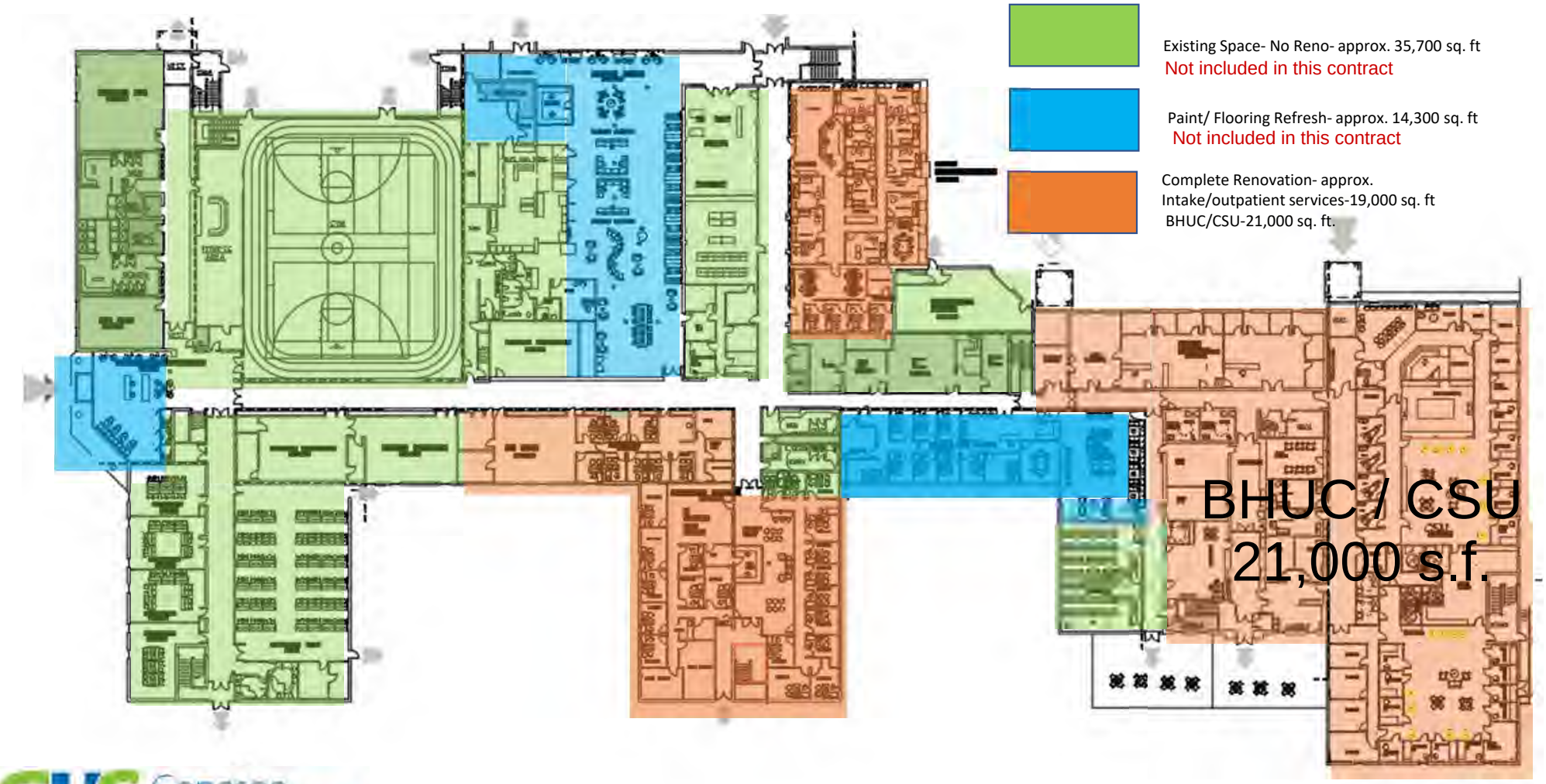
ATTACHMENT "E"

- AIA Document A141-2014, Exhibit B, Insurance and Bonds.
- *By Reference Only*

ATTACHMENT "F"

- C. *Rate Submission for Products and Services to be provided.*
- (document is a fillable PDF)
- **Must Be Completed, Signed and Submitted as Part of Project One and/or Project Two proposal submissions**

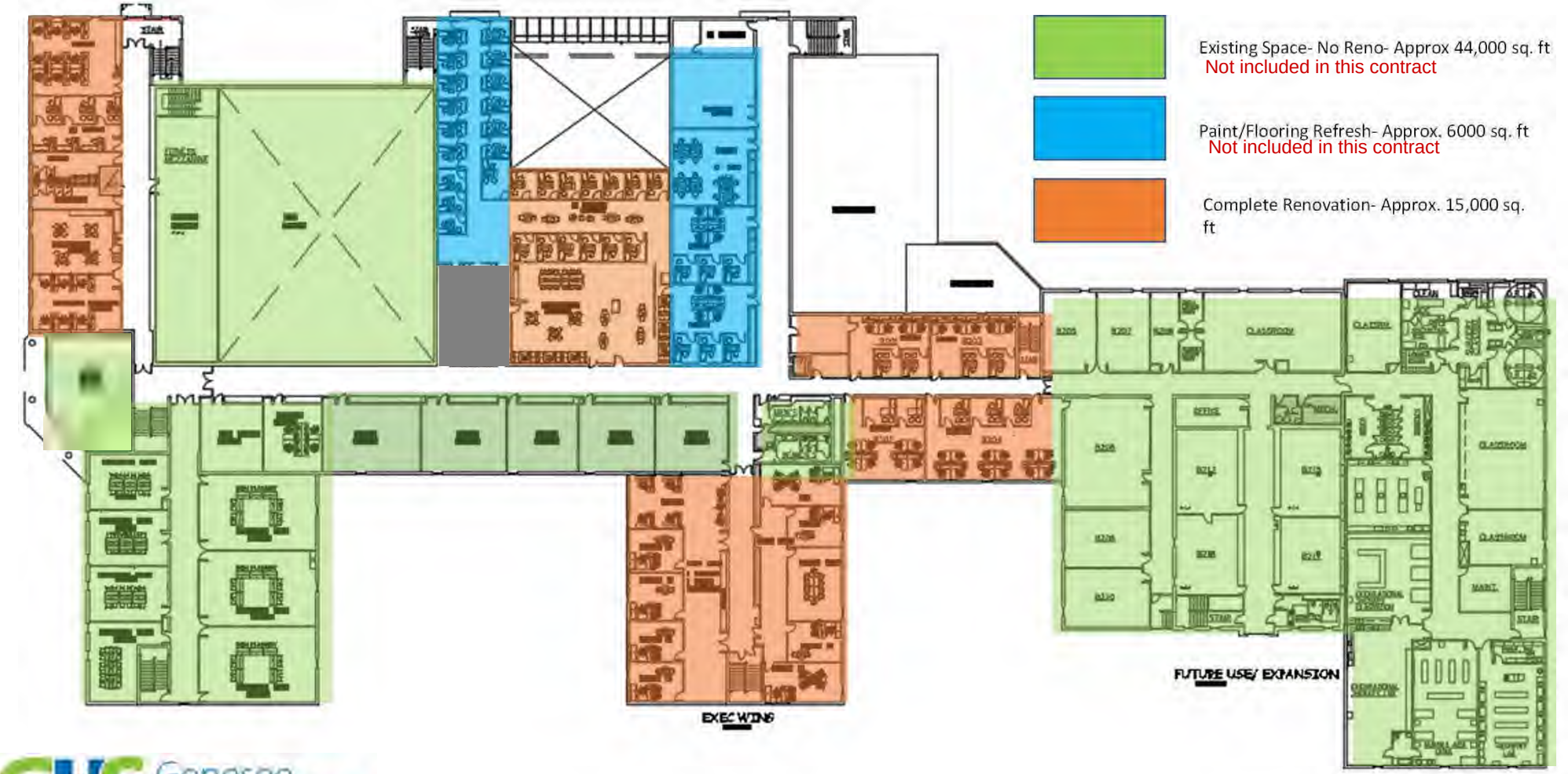
ATTACHMENT "A"



Genesee HEALTH SYSTEM

FIRST FLOOR RENOVATED SPACE PLAN

ATTACHMENT "B"



Genesee HEALTH SYSTEM

SECOND FLOOR RENOVATED SPACE PLAN

ATTACHMENT "C"

DRAFT DOCUMENT FOR DISCUSSION PURPOSES ONLY. NOT FOR DISTRIBUTION.

Crisis Stabilization Unit Certification Standards

Last Updated: 2/23/2023

NOTE: All references to seclusion and restraint are subject to revision pending SB 028. Requirements related to inappropriate referrals between entities of common ownership, and Subpart G: Financial Requirements are still under development.

Table of Contents

Part 1. Definitions

As used in these Rules:

1. Adult means an individual 18 years of age or older.
2. Admission triage screening means a brief nursing examination to identify any immediate physical health needs of the individual and a brief screening of the level of acuity of their behavioral health status.
3. Ambulatory care means the level of care typically provided in an outpatient medical clinic.
4. Assistive personnel mean individuals who provide direct care and oversight to patients in the CSU including, but not limited to, vital signs, activities of daily living, safety observations, and other duties as assigned. Assistive personnel may be referred to as psychiatric attendants, certified nursing assistants, behavioral health assistants, healthcare technicians, social service technicians, or other recognized industry terms.
5. A Behavioral Health Crisis means a crisis, as defined by these rules, involving emotional, mental health (MH) or substance use disorder (SUD) or addictive issues, or any combination of such needs for all individuals including individuals with serious emotional disorders, mental illness, substance use disorders, intellectual and other developmental disabilities, and/or cognitive challenges, regardless of whether or not they have underlying diagnoses
6. Certification means the formal approval of a crisis stabilization unit by the Michigan Department of Health and Human Services pursuant to PA 402 of 2020 and in accordance with these rules.
   a. *Initial certification* is the first certification awarded to an applicant and is effective for one year.
   b. *Renewal certification* is any subsequently awarded certification, and is effective for one year, except in cases when the CSU is accredited as required by PA 402; in those cases, the renewal certification is effective for 3 years.
7. Certified crisis stabilization unit (CSU) means a crisis stabilization unit certified under chapter 9A of the Mental Health Code Certification, and these rules. Certified crisis stabilization units (CSUs) are intended to be a short-term, non-hospital setting for individuals whose Behavioral Health Crisis is estimated to be able to be stabilized with appropriate intervention in less than 72

hours, with treatment time ranging from a few hours up to 72 hours, and including both voluntary and involuntary services. Remaining at the CSU for 72 hours should be the exception, as most situations should be resolved prior to that time period.

8. CMS Conditions of Participation means the Center for Medicaid and Medicare Services Conditions of Participation for Hospitals (42 CFR 482), as most recently amended.
9. Crisis residential facility means a program that serves individuals experiencing a mental health emergency in a community-based setting, characterized by a home-like environment, blended psychosocial model of care, multi-day (typically 3-7 days) length of stay and treatment milieu that emphasizes autonomy and accountability.
10. Crisis stabilization unit means a place that provides emergent unscheduled Behavioral Health Crisis assessment and stabilization services designed to ameliorate an acute behavioral health crisis on an immediate, intensive, and time-limited basis. The main desired outcome of crisis services is avoidance of unnecessary hospital emergency department visits, hospitalization, criminal complaints or arrests through appropriate intervention for individuals experiencing a serious Behavioral Health Crisis.
11. CSU Standards and Policies Handbook means a handbook to be developed through the CSU Community of Practice Pilot to contain best practice recommendations for CRSU policies and procedures and also some requirements related to items such as required trainings and data reports.
12. Crisis Continuum of Care means an organized network of services that work collaboratively to provide an appropriate continuum of behavioral health crisis services for people in that community, including but not limited to CMHSPS, PIHPs, hospitals, EDs, law enforcement, mobile crisis teams, call centers, community behavioral health services providers, and urgent care settings.
13. Crisis means an episode of acute emotional, behavioral, or social dysfunction, as defined by the individual, the individual's representative, family, or a behavioral health professional. A crisis situation is one in which at least one of the following applies:
    - The person/ caregiver has identified a crisis and reports that their capacity to manage the crisis is limited at this time and they are requesting assistance.
    - The person can reasonably be expected within the near future to physically injure self or another individual, either intentionally or unintentionally.
    - The person exhibits risk behaviors and/or behavioral/ emotional symptoms which are impacting their overall functioning, health, or well-being; and/or the current functional impairment is a clearly observable change compared with previous functioning.
    - The person requires immediate intervention in order to be maintained in their home or present living arrangement or to avoid psychiatric hospitalization or other out of home placement.

14. Critical Incident means any of the following: death of a recipient, serious illness requiring admission to a hospital, alleged abuse or neglect, accident or medication error resulting in injury to patient requiring emergency room visit or hospital admission, use of restraint, request for security personnel or law enforcement response.
15. Department means the Michigan Department of Health and Human Services (MDHHS).
16. Emergency Involuntary Medication: Medication, particularly acute intramuscular injections, used in an emergency in which the patient does not consent to treatment and medication is determined to be medically necessary to treat the underlying condition of the patient.
17. Family means a parent, stepparent, spouse, sibling, child, or grandparent of a patient, an individual upon whom a patient is dependent for at least 50% of their financial support, or individuals the patient self-identifies as providing substantial physical or emotional support.
18. Individual Representative means a person's legal guardian, a minor individual's parent, or other person authorized by law to represent the individual in decision-making related to services and supports.
19. Involuntary patient means an individual with mental illness who is held or court-ordered to receive treatment pursuant to chapter 4 of the Mental Health Code.
20. Medical Director means a psychiatrist who serves as the chief medical officer of the CDU and has overall responsibility for treatment of individuals receiving services within a CSU and supervisory responsibility over all practitioners at the CSU.
21. Medical Personnel means a physician, physician's assistant (PA) or a registered nurse (RN).
22. Medical Practitioner means a physician, physician's assistant (PA) or a nurse practitioner (NP).
23. Mental (Behavioral) Health Professional means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, a psychologist, a registered nurse, a master's social worker, licensed under part 185 of the public health code, a professional counselor licensed under part 181 of the public health code, or a marriage and family therapist licensed under part 169 of the public health code. The acceptable licensures for disciplines identified as a mental health professional include the full, limited, and temporary limited categories, as long as appropriate supervision for individuals with less than full licensure is provided.
24. Nurse Practioner (NP) means a registered professional nurse licensed under part 172 of the public health code who has been granted specialty certification by the Michigan Board of Nursing.
25. Nursing Administrator means a registered nurse who provides direction for the nursing services provided at a CSU.
26. Patient means an individual admitted to receive services at a CSU.
27. Peer Recovery Coach means an individual in a journey of recovery from substance use, co-occurring disorders, and/or non-substance addictive disorders, and who identifies with an

Commented [MS1]: Consider replacing "patient" with "person receiving services at a CSU" as global change to document.
Comment left as unresolved to solicit feedback from people w/Lived Experience.

individual being served by the CSU based on a shared background and lived experience, complies with the programmatic, funding and supervision requirements of the Center for Medicare & Medicaid Services (CMS) and is certified by the Department.

28. Peer Supports Specialist means an individual with a strong personal knowledge of what it is like to have first-hand lived experience with a mental health condition that has caused a substantial life disruption, and complies with the programmatic, funding and supervision requirements of the Center for Medicare & Medicaid Services (CMS) and is certified by the Department. For purposes of this definition, a substantial life disruption includes experiencing some or all of the following: homelessness, mental health crises, trauma, lack of employment, criminal justice involvement, discrimination, stigma/prejudice intensified by mental health challenges, receiving public benefits due to poverty.
28. Person-centered means a process that builds upon the individual's capacity to engage in activities that promote community life and honors the individual's preferences, choices and abilities, and is consistent with the MDHHS Person Centered Planning Policy.
29. Physical management means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming themself or others.
30. Physician means an individual licensed to engage in the practice of medicine or the practice of osteopathic medicine and surgery under article 15 of the public health code.
31. Physician's Assistant (PA) means an individual who is licensed to practice as a physician's assistant under article 15 of the public health code.
32. Psychiatrist means 1 or more of the following:
    a. A physician who has completed a residency program in psychiatry approved by the accreditation council for graduate medical education or the American osteopathic association, or who has completed 12 months of psychiatric rotation and is enrolled in an approved residency program as described in this subsection.
    b. A psychiatrist employed by or under contract with the department or a community mental health services program on March 28, 1996.
    c. A physician who devotes a substantial portion of his or her time to the practice of psychiatry and is approved by the director.
31. Psychologist means an individual licensed to engage in the practice of psychology under article 15 of the public health code and who devotes a substantial portion of his or her time to the diagnosis and treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability.
32. Recovery principles means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
33. Registered Nurse means an individual licensed under article 15 of the public health code.
34. Responsible Party is the party financially liable for the cost of services provided to an individual at the CSU.

35. Restraint means a physical management or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).
36. Sentinel Event means an unexpected occurrence involving death (not due to the natural course of a health condition) or serious physical or psychological injury or risk thereof. "Serious injury" specifically includes loss of limb or function. The phrase, "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of serious adverse outcome. Any Injury or death that occurs from the use of any behavior Intervention Is considered a sentinel event.
37. Target Population means all people presenting with a behavioral health crisis, including but not limited to individuals who may or may not have been diagnosed with serious mental illness (SMI), Serious Emotional Disturbance (SED), an intellectual and developmental disability (IDD) including autism spectrum disorder (ASD), substance use disorders (SUD), or co-occurring disorders including more than one of the above categories.
38. Urgent Care Provider means a walk-in clinic that treats minor behavioral health concerns and does not provide crisis services as defined Section 9A of the Mental Health Code
39. Usable floor space means floor space that is under a ceiling which is not less than 6 feet 6 inches in height, excluding closets and space under a portable wardrobe.
40. Warm hand-off means a transfer of care between two members of the health care team from different entities, where the handoff occurs with the direct involvement of the patient and family. This transparent handoff of care allows patients and families to hear what is said and engages patients and families in communication, giving them the opportunity to clarify or correct information or ask questions about their care.

Part 2: State Agency Requirements

Subpart A: Certification

Certification Required, Eligible Entities

1. No person, corporation or other entity must advertise, operate, or hold itself out as a crisis stabilization unit as defined in these rules unless designated as a Certified Crisis Stabilization Unit (CSU) by the Michigan Department of Health and Human Services (Department).

2. Certification must not be issued unless the applicant is in compliance with these rules.
3. The following entities are eligible to establish a crisis stabilization unit:
   a. A Community Mental Health Services Program (CMHSP) preadmission screening unit operated contractually or directly
   b. Psychiatric hospitals
   c. General hospitals, as that term is defined in section 20106 of the public health code.
4. A crisis stabilization unit is prohibited from holding itself out as a hospital or from billing for hospital or inpatient services.

Application, Submission Requirements, Review Process and Timelines, Recertification, Denial

5. An applicant must obtain certification prior to admitting individuals.
   a. An application for initial certification or a renewal of certification to provide CSU services must be submitted through the MDHHS Behavioral Health Customer Relations Management system (CRM) made available by the Department.
   b. No application for certification will be acted upon by the Department until the application is determined complete by the Department with all required attachments.
6. Each location of a CSU must be separately certified.
7. The applicant must submit the following information to the Department no later than ninety (90) calendar days prior to the projected opening date of the CSU.
   a. The name and proposed location of the CSU
   b. If the CSU will be located on property owned or leased by the applicant entity
      i. If the CSU is located in a leased space, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased premises
   c. Whether the CSU is to be operated as a profit, nonprofit, or governmental entity
   d. Documentation of business registration as required by the State of Michigan
   e. Whether the applicant entity is owned by a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency
      i. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency
      ii. If the owner is a partnership or a limited liability partnership, the name of each partner
      iii. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company

iv. If the owner is a corporation, the name and title of each corporate officer

v. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents

f. Whether the owner or any person with five percent or more business interest in the applicant entity, the medical director or the administrator has had a license to operate a healthcare institution, or a healthcare professional license or certification denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license

g. Proof of insurance as required by the Department

h. The name and qualifications of the chief administrative officer and the medial director of the CSU or proposed CSU

i. A description of the program's geographic service area

j. A description of the CSU' s mental health and substance use disorder crisis services including assessment, crisis stabilization treatment that encompasses a biopsychosocial approach including stabilization activities, medication treatment as indicated, non-pharmacological biological crisis-oriented therapies, outreach and referral services, discharge planning, follow up, and coordination with community services, including:

i. Whether the services are to be provided directly or through written agreement with other providers of services

ii. Evidence that the services will be provided using a person-centered planning perspective and incorporate recovery principles.

k. A statement of treatment approach/milieu/philosophy that fosters a respectful, prosocial environment and a culture of safety for patients and staff

l. An organizational chart depicting the governance of the program

m. A 24-hour staffing plan, which includes nurses and physicians and other staff to support the CSU' s services and includes the qualifications and duties of each staff by title

i. The proposed staffing must be based on the staffing needs identified by the assessment required by Subpart D, Paragraph 4.

n. An onboarding plan tailored to each staffing position as required by Subpart D, Paragraph 4.

o. Proposed activities that support stabilization interventions and prosocial behavior.

p. The maximum number or persons who would be admitted at any one time, and a justification for that number

q. An architectural plan, including specific floor plans with dimensions and space and room function designations consistent with the Facility Guidelines Institute 2022 Guidelines for Design and Construction of Outpatient Facilities - Behavioral Health Crisis Units, and showing both:

i. The proposed number of recliners in multi-occupancy treatment spaces and a rational for that number based on the local Crisis Continuum of Care

ii. The proposed number of single-occupancy treatment/sleeping rooms and a rational for that number based on the local Crisis Continuum of Care

r. A description of how the floor plan:

i. Provides a trauma sensitive environment

ii. Ensures the privacy of patients

iii. Ensures the safety of patients, visitors, and staff

r. A copy of a fire safety inspection report indicating approval by the local fire authority or other applicable Authority Having Jurisdiction (AHJ) where the CSU is based that is dated no earlier than one year prior to submission of the application.

s. A certificate of occupancy

t. A program description signed by the medical director that incorporates admission and discharge criteria and procedures consistent with these rules, including:

i. Utilization of the MI-SMART screening protocol as described in Part 3, Subpart B.

ii. Discharge criteria with guidelines for discharge planning and coordination with community services for persons in need of post-emergency treatment or services

u. A contingency plan developed in collaboration with local hospitals, emergency medical services, and law enforcement for when new admissions must be deferred during periods of high demand, overcrowding, or other extenuating circumstances.

v. Written agreements or affiliations with the host or other hospitals, as appropriate, to receive and evaluate persons who have been referred by the CSU, whether before or after admission to the CSU for physical healthcare needs that are beyond the scope of the CSU and require emergency medical evaluation and assessment for inpatient medical treatment.

w. Copies of contracts with the CMHSP (if the CSU is not operated by the CMHSP) and the PIHP.

x. Documentation of integration into the local Crisis Continuum, and collaborative relationships with other important participants in the local crisis continuum, such as local behavioral health and substance use disorder systems and providers, local educational centers, social services, local aging and older adult services providers; state, sheriff, and local law enforcement; 911 Dispatch; emergency medical services; ambulance services; and any other similar service providers.

i. Such documentation may include, but is not limited to, formal agreements, letters of support, minutes from meetings, or reports of outreach efforts demonstrating community engagement and integration of services with other relevant community partners

z. Documentation of accreditation, provisional accreditation, or a plan to demonstrate compliance with the requirements of Part 2 Subpart B.

y. A working budget showing projected revenue and expenses for the first year of operation, including a revenue plan, and documentation of working capital, including:
   i. Funds or a line of credit sufficient to cover at least 90 days of operating expenses if the applicant is a corporation, unincorporated organization or association, a sole proprietor, or a partnership
   ii. Appropriate revenue if the applicant is a state or local governmental agency, authority, board, or commission

z. Copies of all required licensing for services and programs to be provided by the CSU directly or through contract, including, as appropriate, substance use treatment, pharmacy, and laboratory

aa. Any other information requested by the Department.

8. The Department may conduct announced and unannounced on-site or desk reviews of all initial applicants or CSUs to determine the need for additional consultation and technical assistance to achieve compliance with the certification requirements and any statutes, rules, and regulations to operate a CSU as part of the certification application or renewal process, or when a complaint has been received.

9. When the Department determines that the applicant is in compliance with all applicable rules and regulations, the Department shall certify the applicant.
   a. The initial certification is valid for the first year of operation.

10. Prior to expiration of the certification, the Department must conduct a review of the CSU for compliance with all applicable rules and regulations.

11. In order to receive and retain certification, the CSU must:
   a. Cooperate with the Department during any review, evaluation or inspection of the physical plant or program
   b. Allow an authorized Department representative to enter upon request and inspect all of the premises to determine compliance with policy and certification to operate as a CSU
   c. Make available to the Department upon request all documents, files, reports, patient records, accounting records or other materials required by this Part or requested by the Department in the course of visitation, audit, inspection, or investigation
   d. Undertake changes in the operation of the CSU as required by the Department

12. It is the responsibility of the CSU to complete and submit a renewal application for certification through the CRM at least 90 calendar days prior to the expiration date of the current certification.
   a. If the CSU fails to submit the completed renewal application the Department must provide notice by certified mail advising that unless the renewal application and departmental review is satisfactorily completed, the CSU is operating without certification and is subject to sanctions.

13. The Department shall review the renewal application prior to the expiration date.
   a. Pursuant to a satisfactory review, the Department shall renew the certification.

b. Renewal certifications will be valid for one year for CSUs which have not received accreditation as described in Part 2 Subpart B.

b. Following accreditation of the CSU according to Part 2 Subpart B, a renewal certification will be valid for three years.

14. The CSU must frame and prominently and conspicuously display its certificate in a public area of the premises that is readily visible to patients, employees, and visitors and make a copy available upon request.
15. The physical document of the certification issued by the Department must not be altered.
16. Certification is not transferrable to another CSU for the purpose of facilitating a change in location or a change in the governing body or owner.
17. The CSU shall be certified for a specific capacity.
18. The CSU must notify the Department in writing at least 30 days prior to permanently closing the CSU, changing its name, telephone number or other contact information, chief administrative officer, or medical director.
19. The CSU must notify the Department in writing at least 30 days prior to and must obtain approval from the Department before implementing any of the following:
    a. Any construction, renovation, or modification of the CSU buildings or leased space
    b. A change in location of the CSU
    c. A change in total capacity of the CSU
    d. A change in ownership
    e. Major changes in the services provided by the program
20. Upon written request of an applicant or certified CSU, the Department may grant a variance from a certification standard if there is clear and convincing evidence that the alternative to the rule complies with the intent of the standard or requirement from which a variance is sought, and the variance does not impact the health, safety, or welfare of individuals or the quality of care.
    a. The Department must enter its decision, including the qualification under which the variance is granted, in the records of the Department and send a signed copy to the applicant or certified CSU.
    b. This variance may remain in effect for as long as the CSU continues to comply with the intent of the standard or may be time limited by the Department.
21. The Department may deny, suspend, or revoke certification, sanction or require a corrective action plan for, but not limited to, the following reasons:
    a. Eviction involving any property or space used as a CSU
    b. Federal Medicare or state Medicaid sanctions or penalties
    c. Unresolved state Medicaid or federal Medicare audit
    d. Denial, suspension, or revocation of a license or certification of a healthcare or behavioral healthcare facility in any state, with substantially the same owners

(whether the ownership was direct or indirect) or with substantially the same principals, directors, officers, or managers

e. Loss of required accreditation.

f. Violation of any local, state, or federal rule, regulation, or law,

g. Violation of any of the standards or requirements of these rules.

h. As a result of an unsatisfactory site review or complaint investigation that was unable to be successfully remediated.

22. Before an order is entered denying a certification application or suspending or revoking a certification previously granted, the applicant or certified CSU must have an opportunity for a hearing. A hearing under this section is subject to the provisions governing a contested case under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328.

23. The certificate must be returned to the Department immediately after a certified CSU ceases to operate, is moved to another location, changes ownership, or the certification is suspended or revoked.

a. If the CSU receives notice from the Department that the certification is no longer valid, the CSU is no longer authorized to provide the services of a CSU as defined by Sec 971 of the Mental Health Code and these rules and must cease to do so.

Subpart B: Accreditation

1. A CSU must obtain and maintain accreditation from 1 of the following within 3 years after initial certification or within 3 years after the effective date of PA 402 of 2020 (January 12, 2020):

a. Behavioral healthcare accreditation for crisis stabilization from The Joint Commission or

b. Behavioral healthcare accreditation for crisis stabilization from the Commission on Accreditation of Rehabilitation Facilities, (CARF) International.

Part 3: Certified Crisis Stabilization Unit Requirements

Subpart A: Recipient Rights

1. An individual receiving services in a crisis stabilization unit is a recipient of behavioral health services under Chapter 7 of the Mental Health Code and is afforded all rights afforded to a recipient of behavioral health services.

2. A CSU must utilize a recipient rights system that has been reviewed by the Department's Office of Recipient Rights and it has been determined that the rights system, including

all recipient rights policies required per section 752 of the Mental Health Code, is in compliance with Chapter 7 and 7a of this act and is of a uniformly high standard.

a. A CSU operated by a preadmission screening unit either directly or contractually must use the recipient rights system of the community mental health services program.
b. If a CSU does not have a recipient rights system in place that has been reviewed and approved by the MDHHS Office of Recipient Rights, it must contract with an entity that has such a system in place to ensure recipients are afforded all rights of a recipient of behavioral health services.

3. A CSU must ensure that all recipients are provided with a summary of their rights upon admission and information on how to file a complaint and contact the rights office is posted on the unit.
   a. A CSU must ensure that all employees and contract providers are trained through state-approved training in recipient rights within 30 days of employment.
   b. A CSU must ensure that recipients will be protected from rights violations while they are receiving services from a contracted provider and that all persons and staff are protected from retaliation and harassment resulting from recipient rights activities.

Subpart B: Clinical Operations

General Requirements

1. The primary objective of crisis services is prompt assessment, stabilization of the immediate crisis, determination of the appropriate level of care, and coordination of care with community resources. CSUs must not be operated as a holding facility for inpatient hospitalization or crisis residential facilities.
2. A CSU must be separately certified as a CSU and the CSU services cannot simultaneously operate as a crisis residential facility, any form of respite facility, or an urgent care provider.
3. A CSU must provide assessment, crisis intervention planning, stabilization treatment, discharge planning, and follow up care from a person-centered perspective, encouraging and including the participation of the individual, incorporating recovery principles and providing care in the least restrictive manner possible. Individuals with co-occurring mental health and substance use disorder conditions must receive integrated interventions for both conditions as appropriate to their individual needs and conditions.
4. A CSU must comply with the Mental Health Code and related department administrative rules on Informed Consent.
5. A CSU must recognize that individuals function within a broader community and a personal environment which can both positively and negatively impact their behavioral health stability within the community setting. The CSU throughout its stabilization care of the individual must consider an individual's family situation, financial security, housing,

food stability, and social service status and their impact on the individual's behavioral health stability and seek to integrate appropriate formal and informal social supports in the assessment, planning, and discharge process whenever possible to promote the development of a strong social support network.

a. With the consent of the patient or the patient's individual representative, the patient's family and support persons as defined by the patient must be given the opportunity and encouraged to participate in the assessment, stabilization, crisis intervention planning, and discharge planning, either virtually or in person. This process should include education about the individual's behavioral health crisis and suggestions on how to best support the person. If participation is not clinically appropriate, then it must be clearly documented in the record.
    i. With the consent of the patient or the patient's individual representative, reasonable attempts must be made to contact family members and support persons for their participation and these attempts and the results should be documented in the patient's medical record.

b. With the consent of the patient or their individual representative, the stabilization treatment and discharge processes must, to the maximum extent possible involve community behavioral health and other service providers along with family and support persons. If participation is not clinically appropriate, then it must be clearly documented in the record.

c. If the patient chooses either not to participate or to not have family or support persons or community providers participate, a clear explanation of the refusal is documented in the patient's medical record. If the person does not initially provide consent, it is appropriate to document repeat attempts to obtain consent in the person's medical record.

Access and Admission

6. A CSU must have the capability to admit persons and initiate stabilization treatment 24 hours a day, 7 days a week, 365 days a year (24/7/365).
7. A CSU must have the capability to receive referrals 24/7/365.
    a. The CSU must develop protocols for ensuring that phone referrals are accepted and cataloged, and that there is bidirectional communication regarding the status of the referral between the referring entity and the CSU.
8. A CSU must be able to provide services appropriate for individuals experiencing a behavioral health crisis, whether or not the individual o have also been diagnosed with a serious mental illness, substance use disorders, co-occurring mental health and substance use disorders and/or an Intellectual/Developmental Disability (IDD), including but not limited to autism spectrum disorder (ASD).
9. A CSU shall have the following capabilities with respect to the physical health of an individual presenting to the CSU for behavioral health crisis services.
    a. Provide emergency receiving and evaluation functions on a limited basis

b. Provide ambulatory and integrated care to address minor physical health issues.

c. Coordinate and transfer an individual to the next level of care when necessary

10. Unless operating under a hold or deferment issued in accordance with these rules, a CSU shall not refuse any individual who presents or is referred to the CSU for evaluation or stabilization, including but not limited to walk- ins, law-enforcement drop offs, mobile crisis team drop offs, and individuals brought in for court-ordered evaluation and treatment.

11. A CSU must accept all payors and must not refuse to admit an individual solely on the basis of insurance or lack thereof, or on the basis of the individual being on a law enforcement hold or living in the community on parole, probation or any court-related commitment, or because the individual is currently being followed by the Not Guilty by Reason of Insanity (NGRI) Committee of the Center for Forensic Psychiatry or has ever been adjudicated incompetent to stand trial or NGRI, or been in Juvenile Justice or Correctional Custody or placed on the sex offender registry.

12. Admission to the CSU must be equitably available to all populations. The CSU must not discriminate on the basis of race, color, religion, national origin, ancestry, age, gender, sexual orientation, height, weight, marital status, physical or mental disability.

13. The medical director of the CSU or their designee may place a hold on or defer all new admissions to the CSU for capacity or other extenuating circumstances if a conclusion is reached that the ability of the program to deliver quality service would be jeopardized.

a. If the CSU holds or defers new admissions, the Department must be notified at the time the decision is made, and such notification must include duration of the deferred admissions and the rationale for this decision. The CSU shall also confirm with the Department when the hold is lifted.

b. A pattern of refusals or deferred admissions may result in a site visit and a review of the certification of the CSU by the Department.

c. A CSU must develop a contingency plan with other local affiliated hospitals, emergency medical services and law enforcement for when new admissions must be deferred during periods of high demand and overcrowding.

15. When Individuals are transferred to the CSU from a hospital emergency department, the Individual must have been cleared using the MI-SMART protocol. For individuals who are not being transferred to the CSU from a hospital emergency department, formal medical clearance at a medical facility is not required.

16. When individuals arrive at the CSU, the on-site RN must conduct an admission triage screening within 15 minutes to determine whether the individual is in immediate need of physical health services which are beyond the capability of the CSU, and the level of acuity of their behavioral health status.

a. If an individual’s physical health needs do not exceed the capability of the CSU, the individual must be accepted for admission.

b. If the admission triage screening identifies physical health issues which may take precedence over the behavioral health needs of the individual, the RN must immediately

consult a medical practioner who will either make the decision to immediately transfer the individual to an emergency room or determine whether to immediately initiate the MI SMART protocol including a physical exam following the MI-SMART protocol to determine if the individual can be admitted to the CSU or must be transferred to a medical facility.

c. If the admission triage screening results in a determination that the individual's needs are not emergent and can be met through a less intense level of care, the CSU must initiate the process to refer or transfer, the CSU must initiate the process to refer or transfer the individual to the more appropriate level of care. A warm hand off must be provided.

17. Admissions must be authorized by a medical practitioner or other staff member authorized by policies and procedures to accept an individual for admission.

18. Except when the person is a person requiring treatment as defined by section 401 of the mental health code, consent must be obtained from the individual or, if applicable, the individual's individual representative, before or at the time of admission.

19. For a person brought to the CSU by law enforcement, the goal is for law enforcement to be able to hand off the person and leave within 15 minutes, so the transfer to CSU care must take place within that timeframe.

20. If the admission triage screening or a subsequent assessment or exam results in a determination that the individual's needs will likely not be stabilized within 48 hours; or the individual needs a higher level of care than the CSU offers (e.g., the level of care provided in a crisis residential or a psychiatric hospital), the CSU must immediately initiate the process to refer or transfer the individual to a more appropriate level of care, including transportation, if required. Follow up care must be provided until the individual is actively engaged in the more appropriate level of care.

a. A CSU must maintain documentation of the rationale for transfers or referrals and the follow up care

Assessment and Plan

21. A psychiatric assessment including a medical history and physical exam must be completed within two hours of admission to identify conditions that may affect the individual's current condition, including a review of symptoms focused on conditions (such as a history of trauma) that may present with psychiatric symptoms or cause cognitive impairment.

a. If a physical exam was conducted by a medical practitioner prior to admission, the CSU medical practitioner should incorporate those findings and determine what additional medical assessment is necessary and document the rationale.

22. As soon as practical and in no more than two hours of an individual's admission to the CSU, a mental health professional must complete a Behavioral Health Assessment and develop an individualized Crisis Stabilization Plan. Both should focus on immediate stabilization needs from the individual's admission to the CSU through to and including discharge, follow up care, and connection with a community treatment provider.

23. The following components should be assessed and included in the Assessment and documented in the patient's medical record. Documentation requires date and signature of staff completing the Behavioral Health Assessment and Crisis Stabilization Plan and must be in the patient's medical record within 24 hours of admission.
    a. Chief Complaint
    d. Mental Status Exam including but not limited to thoughts of self-harm, suicidal ideation, and homicidal or violent ideation
    e. Medical History
    f. Current providers of behavioral and physical health
    g. Current medications
    h. Psychiatric History not limited to but including previous behavioral health crises
    i. Substance Use History
    j. Legal History including information pertinent to crisis e.g., custody, guardianship, pending litigation, court-ordered treatment status, parole or probation status
    k. Social History including information pertinent to the crisis, including but not limited to family and social supports, history of trauma or neglect.
    l. Current environmental, economic (financial security, housing situation and food stability) and social service status including both strengths and gaps that impact the individual's immediate crisis and behavioral health status.
    m. Presence of any advance directives, including a Psychiatric Advanced Directive, from the patient and/or legal guardian, if applicable
24. The Crisis Stabilization Plan is based on the components of the Behavioral Health Assessment and will provide recommendations for services to address behavioral health and physical needs of the patient specific to the acute crisis, and guide stabilization treatment during admission and discharge planning.
    a. The Crisis Stabilization Plan must address immediate stabilization as well as discharge planning, including, to the maximum extent possible and with the consent of the patient or their individual representative, linkage of the patient and the patient's family and support persons to community resources, including a warm handoff and specific follow up measures to ensure that the person is actively engaged in treatment following discharge.
    b. The Plan must consider how to maximize the safety of the patient, other patients, CSU staff, and visitors.
    c. Agreement to and implementation of the Plan must be consistent with MDHHS AR 7199.
25. The Plan will include
    a. The Discharge Date if one has been determined
    b. Specific stabilization treatment and level of care to address the acute crisis and meet the patient's assessed and anticipated needs after discharge. If the need for

hospitalization appears inevitable, then hospital referrals should begin as soon as possible.

c. The role of the individual's family situation, financial security, housing, food stability, and social service status in contributing both positively and negatively to the person's behavioral health stability.

d. If no family or support persons are identified, a plan for addressing gaps or needs in an individual's community and social support networks.

26. The Crisis Stabilization Plan shall be updated as appropriate when the patient's condition or needs change and reviewed frequently to assess the need for the patient's continued stay in the CSU.

a. Nursing and observation notes shall be completed at least once per shift; treatment notes must be updated daily.

27. Decisions about remaining in the CSU or being transferred to alternative levels of care may only be made by a medical practioner, taking into account the Behavioral Health Assessment and the Crisis Stabilization Plan.

Crisis Stabilization Treatment

28. A CSU must have the capability to provide or arrange for the following services as necessary to provide crisis intervention and stabilization the individual:

a. Individual and family crisis interventions addressing MH or SUD or social needs
b. Family counseling/therapy
c. Withdrawal Management up to ASM 3.7
d. Psychopharmacological treatment
e. Care coordination and consultation for other conditions impacting the crisis such as ASD or dietary needs
f. Coping/Recovery skills
g. Personal care for people with disabilities
h. Peer support
i. Care coordination
j. Interpretation services
k. Transportation services
l. Additional services as the CSU deems appropriate

29. A CSU must have policies and procedures to prevent inappropriate referrals between entities of common ownership.

30. A CSU must develop and implement policies and procedures that describe interventions to assess the risk of harm to self or others. The written policies and procedures must:

a. Include protocols for identifying and managing individuals at high risk of harm to self or others.

b. Emphasize positive approaches to interventions

c. Protect the health and safety of the individual and others at all times

d. Specify the methods for documenting the use of the interventions

e. Include the following:

i. A person assessed to be potentially suicidal or violent is on a higher level of monitoring and observation.

ii. Constant visual observations of persons clinically determined to be actively at risk of suicide or violent while on the CSU.

iii. Modifications or removal of suicide or violence prevention interventions require clinical justification determined by an assessment and are specified by the attending medical practioner and documented in the medical record.

iv. A registered nurse or other certified clinician may initiate increasing monitoring and other suicide or violence prevention interventions prior to obtaining a medical practitioner's order, but in all instances must obtain an order within one hour of initiating the intervention.

v. Both the initiation of increased monitoring and the determination of when such monitoring levels may be decreased.

Individuals Under Orders for Assisted Outpatient Treatment

31. A CSU must have protocols to assess whether there is a valid court-order for assisted outpatient treatment (AOT) for any individual served.

32. Assessment of and provision of services to an individual on AOT must incorporate communication with the individual's AOT coordinator or case manager or designee.

a. CSU must have protocols that demonstrate that AOT is not an authorization for non-emergency, involuntary administration of medication.

33. A CSU must have protocols for how to initiate AOT petitions, complete petitions through certification if needed, and work with AOT programs with their service area including to plan for any needs for testimony required.

Withdrawal Management and Initiation of Substance Use Disorder Treatment

34. A CSU must have the capability and be licensed or have contractual authority from the PIHP to provide substance use disorder assessment, crisis stabilization treatment, and limited medically monitored inpatient withdrawal management (ASAM 3.7 WM as defined in the Medicaid Specialty Supports and Services Program FY 20, Treatment Policy #13, Withdrawal Management Continuum of Services, and applicable updates) 24/7/365.

a. Residential withdrawal management services provided by the CSU must not exceed services described in ASAM 3.7 WM.

35. A CSU must have policies and procedures for identifying and providing a planned treatment regimen of 24-hour, professionally driven evaluation, care, and stabilization treatment for individuals who have substance use issues or meet the diagnostic criteria for a Substance Use Disorder.

36. A CSU must offer a naloxone kit to, at a minimum, all individuals with a history of opioid use or who are otherwise determined to be at risk for an overdose who are being discharged into the community. The offer must be documented in the patient's medical record.
37. A CSU must have capability to use standard protocols for monitoring withdrawal from substances such as alcohol and opioids and the capability to initiate medications to medically support withdrawal. If withdrawal monitoring supports the need for additional medical supports that exceed the capacity of the CSU, the medical provider on duty should be consulted for transfer to a medical facility.
38. A CSU must have the capability to initiate treatment of opioid use disorder if clinically indicated and acceptable to the individual. If a medical practitioner at the CSU determines that prescribing medication for Opioid Use Disorder (OUD) is not clinically indicated or feasible, or the patient declines such an intervention, a patient with OUD must be offered appropriate withdrawal interventions at the CSU, and if indicated for the patient, a written referral for further withdrawal management services or opioid treatment before the patient is discharged from the CSU. Follow up care must be provided until the patient is actively engaged in treatment. Refusal of follow up services must be documented.
39. Medical practitioners must provide treatment for Opioid Use Disorder and provide access to buprenorphine when indicated clinically.

Seclusion and Restraint

40. A CSU is prohibited from using seclusion.
41. A CSU must operate with a culture of recovery. Restraint, including physical management and mechanical restraint, must be treated as the last resort, least-restrictive intervention, and used only after consideration of the risk of trauma and iatrogenic harm.
    a. All staff must have the competencies and ability to participate in de-escalation. De-escalation skills must be a consideration in hiring and supervisory support. Participation in de-escalation training shall be required of all staff as part of professional development and annual training requirements.
42. Use of physical management or mechanical restraint must follow the requirements which are more protective of the individual between a) CMS Conditions of Participation or b) the Mental Health Code and related departmental administrative rules.
43. Data on the use of physical management or mechanical restraint should be tracked for continuous improvement.
44. A CSU must develop policy and procedures for the use of physical management and restraint which must be consistent with the Mental Health Code, the Department's administrative rules, including but not limited to APF 171 and contains, at a minimum, the following additional elements:
    a. Documentation of restraint, rationale, efforts at de-escalation and a description of attempted less restrictive alternatives must be included in the patient's medical records.

b. Physical nursing assessments of any patient in any type of restraint must be performed and documented every 15 minutes or more frequently per physician's order.

c. There must be a patient and staff debriefing after an episode of restraint (including physical management and mechanical restraint). Information collected during the debriefing must be used to develop strategies for restraint prevention in the future.

Medication Administration

45. Medications must be ordered and administered in compliance with the Department's Administrative Rule 7158

46. Psychotropic medications must be administered in compliance with Sections 718 and 719 of the Mental Health Code, the Department's Administrative Policy for Facilities/Hospitals 153 (APF 153) on the Use of Psychotropic Drugs

47. Every order given verbally or over the phone must be received by an RN or LPN and must be recorded immediately with the ordering prescriber's name and must be signed by a physician or authorized prescriber within 24 hours. The order must be documented in the patient's medical file, along with a notation of the time and date of the order, how the original order was communicated, and why the order was delivered verbally.

48. A CSU must be able to administer routine medications as soon as possible and no later than 24 hours after order. Medications that are considered time-sensitive should be started as soon as possible and no later than 4 hours after order.

    a. The CSU must document and report as part of its performance indicators when the above time standards were not met and the reason. The CSU will at all times have available for use by personnel members a current drug reference guide and a current toxicology reference guide.

49. The CSU must demonstrate protocols to maintain appropriate emergency medications on site as determined by the Department.

    a. The CSU must maintain a drug formulary that is no more restrictive than the Medicaid formulary and is updated at least every 12 months

50. A CSU must have policies and procedures for medication management that follow federal and state laws, rules and regulations, and direct the management of medication ordering, procurement, prescribing, transcribing, dispensing, administration, documentation, wasting or disposal and security, and include the management of controlled substances, floor stock, and physician sample medications.

51. Medication management policies and procedures must include, at a minimum, the following:

    a. Specifications for which staff positions may order and administer medication and procedures for verification of appropriate credentialing for such authorization.

    a. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs.

b. Procedures for reviewing and handling medications brought in at admission.

c. Procedures to ensure medication is administered in compliance with a medical order

d. Procedures for documenting medication administration and assistance in the self-administration of medication

e. Procedures for assisting a patient in obtaining medication

f. Procedures for ensuring adequate privacy for medication administration

g. Specifications for which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise

h. A protocol for offering a naloxone kit to individuals, as appropriate

i. Procedures to identify, track and correct deviations in medication prescribing, transcribing, dispensing, administration, documentation, or drug security of ordering or procurement of medication.

j. Procedures to follow when drug reactions and other emergencies related to the use of medications occur, including:

   i. Immediately reporting a medication error or adverse reaction to the on duty medical practitioner with a written notice to the medical director

   ii. The emergency medical care that may be initiated by a registered nurse in order to alleviate a life-threatening situation

k. A process for review of a medication administration error or an adverse reaction to medicine through the CSU's quality management program

52. A CSU must have a policy specifying indications and procedures for prioritizing patient engagement and voluntary acceptance of medication first, as well as policies and procedures for emergency and non-emergency involuntary medication administration that includes, at a minimum, the following:

a. Involuntary administration of medication in a non-emergency is not authorized for patients subject to AOT orders but may be administered for patients whose guardian has approved medication administration. Consideration for inpatient admission may be indicated for individuals who are under AOT orders who are declining medication administration.

b. Emergency involuntary medications must be used solely for the purposes of providing medically appropriate stabilization and treatment and protecting the immediate safety of the patient and other persons after less intrusive alternatives have been exhausted and must not be used as punishment or for the convenience of staff or as chemical restraint to control or coerce behavior.

c. Data regarding the frequency of administration of emergency involuntary medication should be tracked and CSUs should strive to engage patients in voluntary treatments and thereby minimize the use of this type of medication administration

d. Coercion of a patient to consent to medication is not authorized and does not circumvent the policies required related to reduced use of emergency involuntary medication and tracking of related data.

53. If medication is stored at the CSU, the CSU must ensure:

a. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage, with additional provisions for controlled substances as specified in Chapter 7 and Chapter 333 of the Public Health Code and applicable Administrative Rules

b. Medication is stored according to the instructions on the medication container.

c. Medication management policies and procedures include, at a minimum, the following:

i. Establishing what medications are stored on site and at what quantities.

ii. Receiving, storing, inventorying, tracking, dispensing, and destroying or discarding medication, including expired medication

iii. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication

iv. Addressing a medication recall, including notification of patients who received recalled medication

v. Storing, inventorying, and dispensing controlled substances

Discharge

54. A CSU may provide crisis services up to 72 hours, and as soon as practical within that time period the individual must be provided with the clinically appropriate level of care, resulting in one of the following:

a. The individual no longer needs crisis stabilization.

b. A referral to outpatient services for aftercare treatment

c. A referral to a partial hospitalization program

d. A referral to a residential treatment center, including crisis residential services

e. A referral to an inpatient bed, or

f. An order for involuntary treatment of the individual has been issued.

55. A patient will be discharged from a CSU when the patient's treatment needs are not consistent with the services that the CSU is authorized or able to provide.

56. A CSU must ensure sure that there is a documented discharge order by a medical practitioner or other staff member authorized by policy and procedure to authorize discharge before a patient is discharged unless the patient leaves the CSU against a medical practitioner's or mental health professional' advice and it is determined that a petition to hold the patient under the Mental Health Code is not clinically indicated.

57. A discharge summary must be prepared that includes:

    a. The patient's presenting issue and other physical health and behavioral health issues identified in, behavioral health assessment, or crisis stabilization plan.

    b. A summary of the treatment services provided to the patient

    c. The patient's progress in meeting treatment goals,

    d. The name, dosage, and frequency of each medication ordered for or provided to the patient by a medical practitioner at the CSU at the time of the patient's discharge

    e. A description of the disposition of the patient's possessions, funds, or medications brought to the CSU by the patient

58. The patient, the patient's individual representative, and any facility to which the patient is transferred must receive a copy of the discharge summary.

59. A copy of the discharge summary must be placed in the patient's medical records within 24 hours of discharge.

60. At the time of discharge, a patient must receive a referral for treatment or ancillary services that the patient may need after discharge and a warm hand-off must be arranged in collaboration with the patient.

    a. If a warm-hand-off is not possible, reasonable attempts made to achieve the warm hand-off must be documented in the patient's medical record.

61. A CSU must provide follow up services to support the individual's transition to community care and ensure continued stability and safety by assigning a staff member(s) to remain actively engaged with the individual until the individual is established in care with the community providers. If the patient declines follow up care it must be clearly documented in the health record.

    a. Activities of engagement must be documented in the patient's file.

    b. If care is not established with a community provider, documentation of the efforts by the staff person to establish the connection, and the reason care was not established must be documented.

62. A CSU must assure individuals requiring medication following discharge from a CSU have access to the medication for the maximum medically appropriate amount of time through one or both of the following:

    a. Developing policies and funding to facilitate the individual receiving a minimum one-week supply of medication upon discharge.

    b. Providing the individual with a prescription for the medication that covers the period of time until the next scheduled medication visit. The CSU must provide follow up assistance in having the prescription filled and document follow up contact with the individual to confirm they have obtained the prescription.

63. No family member or support person shall be required to agree to the patient's discharge. A notation shall be made in the patient's record if a family member or support person objects to the discharge plan or any part thereof.

Readmission

64. Individuals can be readmitted to the CSU after discharge at any time, except for circumstances that immediately follow discharge in which the medical provider determines that readmission is not indicated.

65. Individuals accompanied by law enforcement to the CSU immediately following discharge should be given priority consideration although such admission will be authorized only if the CSU determines the person needs to be re-admitted. Both the law enforcement officer's name and the reason for the re-admittance must be documented.

Pharmacy Services

66. A CSU must have a formal, documented arrangement with a pharmacy for pharmacy services that are not available on the premises and for provision of medications post-discharge, as required.

67. If pharmaceutical services are provided on the premises:

    a. All pharmacy operations or services within the CSU must be licensed and under the direct supervision of a registered pharmacist or provided by contract with a licensed pharmacy operated by a registered pharmacist

    b. Pharmaceutical services must comply with Chapters 7 and 333 of the Michigan Public Health Code and applicable administrative rules

    c. The CSU must have policies and procedures to address medication substitution

    d. A copy of the pharmacy license must be provided to the Department upon request

Laboratory Services

68. A CSU must ensure the capability to perform necessary laboratory work and other diagnostic procedures that is commonly required to treat individuals experiencing serious behavioral

health crisis as ordered by the physician 24/7/365 either directly or through a contractual relationship.

a. Laboratory services provided by or contracted for by the CSU must be certified and operate as required by the Clinical Laboratory Improvement Amendments (CLIA).

Transportation

69. A CSU must recognize that coordinated transfer of care is central to supporting recovery and assists in providing a seamless transition between services.

a. The CSU must provide or ensure necessary voluntary transportation for transfer of care or discharge, and in rare circumstances to outside appointments, to assure the individual's access and safe passage to the appropriate destination and/or community-based services.

b. Transportation required to seek treatment for a medical emergency must be delegated to 911 or a licensed local emergency medical transportation provider.

Subpart C: Physical Plant and Non-Clinical Operations Requirements

Physical Plant Requirements

1. Requests for variances from any Subpart C Standards for CSUs operating within existing structures will be considered as part of the certification process, in accordance with these rules.

2. A CSU operated by a psychiatric or general hospital must:

a. Operate within a space that is separate and distinct from the hospital's emergency department

b. Have a separate entrance and intake area and process from the hospital's general receiving entrance and intake area or emergency department receiving and intake area

c. Be marked by signage that clearly delineates that is a separate service and is not a hospital service.

3. A CSU must be a locked facility.

4. A CSU must have facilities accessible to and usable by individuals who are physically disabled, and which comply with the American Disabilities Act of 1990, as amended and the Michigan Barrier Free Design Act of 1966 (MCL 125.1352 et seq.).

5. A CSU's physical plant must include, at a minimum, the following areas:

a. Entrance and intake areas, including:

i. A drop-off area for law enforcement area that preserves the privacy of the individual being brought to the CSU, facilitates a rapid transfer from law enforcement to the CSU, and protects other individuals from being triggered by the presence of law enforcement.

ii. A screening area, which must be a separate locked room adjacent to the waiting area where a search for may be conducted of the individual and their belongings.

b. Waiting Room(s), including:

i. Adequate space and seating to accommodate the anticipated number of patients and visitors, including family members and support persons to remain on site when not engaged in assessment, treatment or discharge planning.

1. No individual waiting for or receiving services may be placed in a hallway or other area not designated as waiting, treatment, or residential areas on the floor plan submitted with the application.

ii. Visual access into the room by trained staff

c. Area(s) for observation, evaluation, and stabilization of admitted patients that is distinct from the waiting area

d. Private Examination and Treatment Rooms

d. Space for Therapeutic Stabilization Activities

e. Rooms with adequate and comfortable space for meeting with family members and support persons, and community providers

f. Flexible spaces available for quiet activities, sensory activities, and engagement with others

g. Restraint, kept in an area not in public view

h. Areas to address patient and visitor needs for nourishment

i. Toileting and hygiene, including at least one gender-neutral common bathroom for patients, and a minimum ratio of one shower per eight beds and one toilet and lavatory per six beds or recliners.

j. An adequate number of single-patient treatment/personal sleeping rooms for patients who are admitted for overnight stays

i. A living room, dining room, hallway, basement, or other room not ordinarily used for sleeping must not be used for sleeping purposes by patients, visitors, or staff

k. Secured storage space for patients' personal possessions.

Design, Construction and Environmental Standards

6. A CSU's physical plant must be designed in a manner that:
   a. Contributes positively to the overall health and well-being of the individuals and families being served
   b. Addresses the needs of patients who will only stay a few hours, as well as those who may stay up to 72 hours on a voluntary or involuntary basis
   c. Provides a welcoming, patient-friendly, non-institutional, low-sensory stimulating environment that supports calming and de-escalation
   d. Ensures the safety of individuals, visitors, and staff
7. Design and construction of the CSU must comply with the Facility Guidelines Institute 2022 Guidelines for Design and Construction of Outpatient Facilities - Behavioral Health Crisis Units, any additional physical plant or area-specific requirements included in these rules, requirements necessary to assure continued receipt of federal reimbursement for care and services, and applicable codes as required by the local authority having jurisdiction (AHJ) over the CSU

Restraint

8. A CSU must have at least one designated room for use for restraint for every 16 potential patients, and one additional space must be identified and available that can be used for restraint that meets the same regulations. Designated restraint rooms must be away from the common area but visible to staff.
9. At least one identified room used for restraint must have a bed commercially designed for use with restraints that is bolted to the floor and without sharp edges. The surface of the bed must be impermeable to resist penetration by body fluids.
10. The walls, flooring and door to the room must be free of sharp edges or comers, strongly constructed to withstand repeated physical assaults and contain only anti-ligature fixtures and hardware.
11. The floors and walls, up to a height of three feet, must be coated with an impermeable finish to resist penetration of body fluids.
12. The room must have a minimum of 100 square feet The ceiling height must be at least nine feet.
13. The door to the room must open outward.
14. The bed placement in the room must provide adequate space for staff to apply restraints and must not allow patients to access the lights, smoke detectors or other items that may be in the ceiling of the room.
15. Rooms used for restraint must provide staff full visual access to the patient.
    a. Use of a bubble-shaped shatter proof vision panel installed in the door is preferred.

16. Where the interior of the treatment room is padded with combustible materials, floors, walls, ceiling, and all openings must be protected with not less than one-hour rated construction.

Environment and Maintenance

17. A CSU must maintain the environmental temperature between 65° F and 82° F (18° C to 27° C).
18. Hot water temperature for patient usage must be maintained between 110° F and 120° F (43° C and 48° C).
19. If water is not from a municipal source or a source regulated by the local health department, the CSU must test the drinking water as follows:
    a. At least once every 12 months for total coliform bacteria and fecal coliform or E. coli bacteria and
    b. At least every three years for arsenic, copper, and lead
    c. Documentation of testing must be retained until the completion and receipt of results for the subsequent test.
20. All garbage and rubbish containing food wastes must be kept in leakproof, nonabsorbent containers which must be kept covered with tight-fitting lids and removed from the premises at least weekly.
21. If pets or support animals are allowed in the CSU, they must be:
    a. Managed to limit exposure to other patients or staff, especially those with allergy concerns
    b. Controlled to prevent endangering or impacting others and to maintain sanitation
    c. Licensed consistent with local ordinances
    d. For a dog or cat, vaccinated against rabies
22. A CSU must maintain safety equipment to include an Automated External Defibrillator (AED) and all other necessary medical safety supplies.
23. Equipment used at the CSU must be:
    a. Maintained in working order
    b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures
    c. Used according to the manufacturer's recommendations
    d. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

Infection Control

24. A CSU must post signage regarding safe hygiene practices for infection control
25. A CSU must ensure access to masks and personal protective equipment for patients, visitors, and staff
26. A CSU must develop and implement policies and procedures for infection control and prevention that include the following:
    a. Standard precautions are defined and the use of personal protective equipment when handling blood, body substances, excretions and secretions are outlined.
    b. Proper hand washing techniques are outlined.
    c. Proper disposal of biohazards, such as potentially infected waste and spills-management, needles, lancets, scissors, tweezers, and other sharp instruments is described.
    d. Prevention and treatment of needle stick/sharp injuries are outlined.
    e. The management of common illness likely to be emergent in the CSU service setting such as, but not limited to Methicillin-Resistant Staphylococcus Aureus (MRSA), colds and influenza, gastrointestinal viruses, pediculosis, and tinea pedis, etc. is described.
    f. Specific procedures to manage infectious diseases including but not limited to tuberculosis, hepatitis B, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or other infectious diseases are described.
    g. Handling and maintenance of patient care equipment is described.
    h. Annual review of the CSU's infection control risk assessment for effectiveness, and revision, if necessary.
    i. Procedures to ensure that bed linens and towels are washed, stored, and transported in a manner that prevents the spread of infection.
    j. Staff training in and adherence to infection control practices.
    k. In relation to patients who are carriers of an infectious illness, the transfer and the release of confidential information to select unit medical and direct care staff is on a need-to-know basis.

Food Service

27. A CSU must provide a minimum of three regular nutritious meals daily to patients. Not more than 14 hours shall elapse between the evening and morning meal.
28. Nutritious snacks must be available upon request for patients unless there are medical orders justifying restrictions.
29. Under no circumstances may food be withheld for disciplinary reasons.

30. A CSU must provide access to meals and snacks for family members or support persons who are staying with the patient
31. Food and nutrition services, including preparation, storage, and service, must comply with the 2009 Michigan Modified Food Service Code (or 2013 FDA Food Code).
32. If the CSU elects to have meals prepared off-site, the CSU must have a kitchen area that includes a microwave, a refrigerator, an ice maker, and clean-up facilities.
33. Foods, drinks, and condiments must be dated when opened and discarded when expired.

Additional Requirements

34. A CSU must ensure a telephone is available and accessible to patients, and that patients have access to communicate with others as required by section 726 of the mental health code.
35. A CSU must have readily available convenient access to laundry facilities for the purposes of laundering patient clothing and CRSU linens.
36. A CSU must comply with all federal, state, and local fire safety laws and codes.
    a. A CSU must have fire inspections conducted according to the timeframe established by the local fire department or the State Fire Marshal, make any repairs or corrections stated on the fire inspection report, and maintain documentation of a current fire inspection
37. A CSU must have an evacuation plan and/or written procedures to be followed in case of fire, medical emergency, severe weather emergency, and encounters of aggressive individuals or persons with weapons. Patients who may require special assistance must be identified in the written procedure.
    a. There must be protocols for and documentation of safety drills, including fire drills, severe weather drills and encounters of aggressive individuals or persons with weapons.
    b. A CSU must assure that all staff, patients, and visitors are familiar, to the best of their ability, with the evacuation plan and emergency procedures.
    c. A CSU must, if necessary, assure emergency transportation of patients through the use of an ambulance service during an emergency or evacuation.
    d. The evacuation plan and emergency procedures must be prominently posted in the CSU.
38. A CSU must post all health, safety, recipient rights, and public notices as required by the Department, and state and the federal governments.

Subpart D: Staffing and Personnel Management

Staffing Assessment, Required Personnel

1. Staffing levels should be sufficient to conduct all the functions of the CSU 24/7/365.
2. Staff may only operate within their licensed or certified scope of practice. Nothing in these rules shall be construed to authorize a staff member to operate outside of that scope
3. Staffing levels must be sufficient to conduct required screenings, and assessments and to develop and implement crisis stabilization plans and linkages to next services, and to assure the safety of the patients, visitors, and staff.
4. A CSU or applicant CSU must conduct an assessment of services offered by the program and identify appropriate staffing levels.
    a. The assessment must identify the population to be served and the services offered by the program, the appropriate number and level of staff required to provide those services and the licensing and credentialing requirements for the staff identified.
    b. The assessment must be based on recommended staffing practices for CSUs and be consistent with the supervision requirements applicable to psychiatric hospitals
    c. The assessment must have a component that addresses milieu management and security.
    d. The assessment must have a component that addresses diversity, equity and inclusion including efforts to have staff demographics resemble those of persons served, and the cultural competencies of staff with respect to the demographics of the service area. .
    e. The assessment must be completed and documented by the applicant or certified CSU annually or when there is a change in services or the needs the individuals served by the CSU, whichever is sooner.
    f. The assessment will serve as the foundation for the staffing plan that is submitted for approval by the Department as part of the certification process.
    g. A CSU must have the following staff positions at staffing levels identified through the staffing assessment:
        i. Medical director
        ii. Nursing administrator
        iii. Registered nurse
        iv. Certified peers and/or recovery coaches, scheduled to allow for all patients to have access to their services during waking hours, at a minimum.
        v. Licensed or credentialed clinicians capable of assessing the needs of patients as individuals and within the context of their self-identified family and community

vi. Staff trained, licensed and/or credentialed to carry out behavioral health stabilization services and supports including therapeutic interventions, discharge planning and facilitating linkages to the community and natural supports; and monitoring safety and providing milieu management.

vii. Assistive personnel to engage patients and foster recovery goals

5. All services offered within the CSU are provided under the direction of a medical practitioner in accordance with the Mental Health and Public Health codes, and Medicaid requirements.
6. A medical practitioner with skills and knowledge in providing withdrawal and substance use disorder treatment services must be available on site or on-call 24/7/365.
7. Consultation by a psychiatrist is available at all times.
8. A medical practitioner must make in-person rounds, for every admitted patient, once daily.
9. A registered nurse must monitor each patient at the intervals determined necessary by the assessment and document the monitoring in the patient's medical record.
10. A CSU must have access to medical personnel to meet the needs of the persons served. Medical personnel may be on site, on call, or accessible via telehealth.
    a. Medical personnel not available on site must be available to respond via phone or telehealth within 15 minutes, and, if required, to arrive in-person within one hour.
11. At least one staff trained in Basic Cardiac Life Support, the use of an Automated External Defibrillator equipment, and Naloxone administration must be on duty 24/7/365.

Staffing Levels

12. Staffing ratios should be as follows:
    a. The ratio of combined nursing staff, clinical staff, peers, recovery coaches, and assistive personnel to patients will be no less than 1:4, however, at no time must there be less than three staff persons on site.
    b. At least one psychiatrist who is a member of the psychiatric staff of the program must be on duty on site or on-call 24/7/365.
    c. At least one medical practioner must be on duty and on site 24/7/365.
    d. At least one registered nurse must be on duty and on site 24/7/365.
    e. The CSU must consider the acuity levels, and clinical and safety needs of individuals being served at the time and adjust staffing levels based on those needs, with special attention to the required levels of observation and support for high-risk individuals.

f. Staffing levels should be adequate to allow for individuals to be engaged with and able to view patients 24/7/365 according to safety monitoring policies, and to address fire code requirements for safe evacuation

13. Security personnel, if present, must follow confidentiality rules the same as healthcare personnel.

a. The presence of uniformed security personnel should be limited to functions such as building entrance and perimeter security, and they should not have a direct presence in treatment areas for admitted patients.

i. Security personnel stationed at the building entrance must not serve as a greeter or receptionist at the CSU.

b. Security personnel must have protocols for calling in back-up or additional personnel when necessary.

Qualifications, Competencies, Training

14. A CSU must have staff with sufficient qualifications, skills, and knowledge to serve the CSU's target population and the diverse subgroups within its service area, including but not limited to cultural, racial, Tribal Nations, and LGBTQ+.

15. A CSU must have written job descriptions describing the specific qualifications, competencies, and knowledge required for each staff position to provide the expected physical health services and behavioral health services listed in the job description.

16. A CSU must have an onboarding plan for each position which is specifically tailored to that position. This plan must outline the time frames for training and orientation activities from prior to providing services to the first 60 days of employment, at which time all onboarding and orientation activities must be complete.

17. A CSU must have a staff development plan tailored to each position and containing annually required trainings. The plan must be customizable by each staff person's strengths and growth areas. This plan must also contain annually required trainings.

18. A CSU must establish and implement a core list of training topic areas for all staff in accordance with requirements by the Department in the Medicaid Provider Manual and the CSU Standards and Policies Handbook.

a. Staff development and training for personnel must be designed to meet needs of all populations and diverse subgroups within the CSU's geographic region, and include training related to diversity, equity, inclusion, and cultural competency.

b. The Department with input from stakeholders, will develop and keep current a list of required trainings contained within the Handbook, ensuring adequate advance notice (at least 6 months) before requiring any changes to the training requirements.

Personnel Policies

19. A CSU must have a written job description for each staff position that identifies all of the following:
    a. Job title
    b. Tasks and responsibilities
    c. Education and experience requirements
    d. Skills, knowledge, and training requirements
    e. Licensure or credentialing required, as applicable
    f. Any supervisory roles and responsibilities for other staff members, including of individuals with a limited or temporary license
20. A CSU must develop and implement policies and procedures that address the hiring, training, promotion, and termination of staff.
21. A CSU must ensure that all functions performed by staff whose practice is regulated or licensed by the State of Michigan are within the scope allowed by State law and professional practice acts.
22. A CSU must have procedures for verifying licenses, credentials, experience, and competence of staff.
23. A CSU must comply with all applicable laws, rules and regulations governing criminal history records checks.
24. A CSU must ensure that all persons providing services comply with all applicable laws, rules, and regulations regarding professional or nonprofessional licenses, certifications, and qualifications to provide services within the CSU.
25. Personnel policies, procedures, and job descriptions must be reviewed and documented annually and updated, as necessary.

Personnel Records

26. A CSU must maintain personnel records for each staff member that includes:
    a. The individual's name, date of birth, and contact telephone number
    b. The individual's starting date of employment or volunteer service and, if applicable, the ending date
    c. Documentation of:
        i. The staff member's qualifications, including competencies and knowledge applicable to the employee's job duties

ii. The staff member's education and experience applicable to the employee's job duties
iii. The staff member's completed onboarding orientation and training as described in Paragraph 16 above.
iv. The staff member's current license or certification, if applicable
v. Staff member's compliance with training requirements
vi. Evidence of freedom from infectious tuberculosis
vii. A valid Driver's license, if the staff person will be providing transportation

27. A CSU must maintain personnel records throughout an individual's period of providing services in or for the CSU for at least 24 months after the last date the individual provided those services.
28. The Department must have access to personnel records of CSUs upon request to ensure adherence to these certification standards.

Subpart E: Administration

Required Policies and Procedures

29. A CSU must have policies and procedures that are established, documented, and implemented that, at a minimum:
    a. Satisfy the requirements of the Mental Health Code, including but not limited to those required to ensure recipient rights (MCL 330.1752)
    b. Ensure compliance with the PIHP contractual requirements to provide residential withdrawal management programs no higher than level ASAM 3.7 WM
    c. Ensure compliance with the 2009 Michigan Modified Food Service Code (or 2013 FDA Food Code)
    d. Ensure compliance with applicable federal, state, and local building, fire, safety, and sanitation codes
30. A CSU must have policies and procedures codifying and operationalizing all requirements as outlined in the CSU certification standards and addressed in the Department's CSU Standards and Policies Handbook, including, at a minimum:
    a. Admission
    b. Discharge planning, including protocols to be followed for referrals and transfer of care to:
        i. Outpatient services
        ii. Partial hospitalization
        iii. Residential services

iv. Inpatient services

v. Recovery supports

vi. Other community resources

c. Provision of services and treatments of the CSU, including:

i. The promotion and encouragement of the involvement in care of family members and support persons through assessment, stabilization, treatment, discharge planning and follow up

ii. Treatment flow, including assessment and application of mental health crisis protocol or substance use disorder protocols. Follow SUD protocols

iii. Involvement of community resources especially current behavioral health service providers during assessment, care, discharge planning, and follow up

iv. Transportation, including protocols to assure that individuals providing transportation have a valid driving license, a safe driving record, and appropriate insurance

d. Measures to prevent inappropriate referral between entities of common ownership.

e. Orders for patient care and observation, including precautions for fall risk, violence, elopement, self-harm.

f. Patient physical care needs (food, clothes, hygiene)

g. Staff, patient, and visitor safety, including:

i. The role of all personnel in practicing de-escalation and promoting a trauma-informed environment

ii. Control of potentially injurious contraband items, including a scan of individuals arriving at the CSU.

iii. Removal of ligature risks

iv. Promotion of a prosocial environment where respect and dignity of others is a primary mission of the program

v. Escalation of concerns, including but not limited to safety and behavioral issues

vi. Policies and procedures related to emergency preparedness for fire, medical emergency, severe weather emergency, and encounters of aggressive individuals or persons with weapons.

viii. Control and disposal of items, including, but not limited to, flammables, toxins, ropes, wire clothes hangers, sharp-pointed scissors, luggage straps, belts, knives, shoestrings, housekeeping supplies and chemicals, nursing, and

medical supplies (including drugs), needles and other "sharps," and breakable items

h. Patient rights and privacy, including:

i. Procedures to prevent unauthorized access to patient medical records

ii. Procedure to safeguard patients' personal possessions and money

iii. Procedures to accurately account for and return possessions and money to the patient upon discharge

i. Staffing

j. Complaint processes

k. Quality management

l. Record keeping

m. Billing

n. Telehealth, including

i. When the use of telehealth is appropriate and when in-person care is required.

o. Diversity, equity, and inclusion, including

i. Policies to ensure that staff demographics and cultural competencies are appropriate for the geographic service area of the CSU.

ii. Support for individuals for whom English is a second language

31. A CSU must follow a written regular review schedule of policies and procedures where each policy and procedure is reviewed no less than every three years, more frequently as necessary.

a. Reviews must be documented through date and signature on the policy and procedure or by meeting minutes that list the specific policies and procedures reviewed.

32. Policies and procedures must be available to all personnel members, employees, volunteers, and interns or students.

33. Policies and procedures required under Paragraph 30 and the documentation required in Paragraph 31 above must be provided to the Department within two hours after a Department request, or as soon as possible thereafter pending staff availability and as agreed to be the Department.

Patient and Administrative Records

34. A CSU must maintain a medical record for each patient, in accordance with the Michigan Mental Health Code and Medicaid requirements, which must be recorded electronically.

a. The electronic records system must comply with all relevant confidentiality standards, including 42 CFR Part 2.

b. The date and time stamps in a medical record should be recorded by the computer's internal clock.

35. The medical record must contain chronological information on all matters relating to the admission, care and treatment, discharge, and legal status of the patient, and must include at least the following:

a. Individual-identifying information and available psychiatric medical and relevant social history, including the person's residential situation and the details of the circumstances leading to the individual's presentation at the CSU

b. The name of the person or persons who have referred or brought the individual to the CSU

c. In the case of individuals brought to the CSU by law enforcement officers, the name of the officer and information provided by the officer at the time of drop off

d. A copy of the admission assessment and outcome of the assessment, including the date, time, name, and credentials of the professional conducting the assessment

e. Any additional assessments including but not limited to psychiatric, nursing, and social worker or counselor assessment

f. Legal status documents for admission and continued stay in the CSU

g. Attempts to involve the patient, the patient's individual representative, family and support persons in assessment, the crisis stabilization plan, interventions, and treatments, and discharge planning, and the results of those attempts

h. Medical Practitioner orders

i. Documentation by the physician of the patient's response to care, including rationale for changes in orders or levels of observation

j. A copy of the Crisis Stabilization Plan

k. Documentation of implementation of crisis stabilization interventions and treatment, the name and title of the professional or other staff providing the service, and the response of the patient

l. Evidence of progress toward stabilization and recovery, or lack thereof

m. Documentation of medical testing (if any), medical findings and medical care needs or interventions provided

n. Nursing staff documentation at least once per shift as to the status of the patient

o. Documentation of events or incidents that affect care and treatment, including the patient's response

p. Documentation relevant to restraint, consistent with Admin Rule 330.7243

q. Documentation of integrating care with community resources, as appropriate

r. Record of implementation of emergency safety interventions of last resort (i.e., restraint), if implemented

s. Name and title of staff providing care and treatment

t. Discharge notes and aftercare plans, including the patient's status at discharge, ongoing needs, aftercare plan, and the date, time, and method of discharge

u. Documentation of follow up services

v. Emergency contact information including, but not limited to, the person's individual representative, if appropriate

w. Consent forms as required and appropriate

x. Within 24 hours of discharge from a program or transfer to another program, a discharge summary

y. Documentation of the distribution of the discharge summary according to Part 3, Subpart B

Record Maintenance and Storage

36. Patient records must be preserved and be readily available to ensure necessary and immediate access by appropriate healthcare staff to deliver needed care and services.

    a. Patient records must be secured to ensure confidentiality and protection from access by unauthorized persons in accordance with federal and state law.

    b. Patient records that contain healthcare treatment and services must be maintained for at least seven years from the date of service and in accordance with the medical records act, 2004 PA 47, MCL 333.26261 to 333.26271.

37. A program must maintain, at a minimum, the following administrative records:

    a. Daily census records that identify the specific number of people receiving services and referral sources

    b. Incident records, including all instances of accidents, injuries, or deaths

38. Administrative records must be maintained in accordance with the Department's Records and Retention Policy.

Reporting of Critical Incidents and Sentinel Events

39. A CSU must respond to and report all critical incidents, sentinel events, or adverse outcomes experienced by patients or others consistent with the Department's requirements for Prepaid Inpatient Health Plans.

40. All new staff must receive training which must include at a minimum, the definition of incidents, reporting procedures, an overview of the review process, and the role of risk management.

41. Refresher incident reporting training must be conducted at least annually for all staff and evidence of such training must be recorded in the staff personnel file.

42. A CSU must have internal mechanisms to document, investigate and take appropriate action for complaints and incidents which are not required to be reported to the Department.

Data Reporting

43. A CSU must comply with all data reporting requirements as developed and updated by the Department.

44. A CSU must collect data on all payor types and submit it through the Department's designated data collection system.

45. A CSU must provide near real time information on capacity in the Department-designated psychiatric bed registry.

Subpart F: Partnerships and Collaboration

48. A CSU must be formally established as a preadmission screening unit by the local CMHSP.

49. A CSU must have a formal agreement with area CMHSPs and PIHPs for services provided to individuals utilizing public behavioral health funds, including outreach and enrollment for eligible health coverage, payment for SUD services required to be provided by these rules, annual rate setting, proper communication with payers, and methods for resolving billing disputes between providers and payers.

46. A CSU must have documented agreements and referral mechanisms for psychiatric disorders, substance use disorders and physical healthcare needs that are beyond the scope of the CSU and require inpatient treatment.

47. A CSU must have collaborative relationships with other major participants in the local crisis continuum of care, such as:

    a. Law enforcement agencies

    b. Emergency departments

    c. Michigan Crisis and Access Line (MiCAL) and other regional 988 entities

    d. Mobile crisis services

    e. Emergency medical services

    f. 911 Dispatch

    g. Certified community behavioral health clinics (CCBHCs)

    h. Community behavioral health service providers

    i. Other community resources and social service organizations, as appropriate

48. The collaborative relationship must be evidenced by contracts, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), written communication between parties or other means (e.g. meeting minutes), reflecting the parties' expectations, roles, and responsibilities.

49. A CSU must proactively identify transportation resources and develop MOUs with community partners to provide transportation to and from CSUs for patients and their families

Subpart G: Financial Requirements

1. A CSU must identify and seek reimbursement from all other liable third parties. Third party liability (TPL) refers to any other health insurance plan or carrier (e.g., individual, group, employer-related, self-insured or self-funded plan or commercial carrier, automobile insurance and worker's compensation) or program (e.g., Medicaid, Medicare) that has liability for all or part of a patient's covered benefit.
   a. A CSU must have a designated staff person available on site or by phone to assist patients and family members in identifying sources of and applying for financial assistance, including but not limited to insurance, to minimize the financial burden of paying for crisis services.
   b. A CSU must have the capability to bill Medicaid for payments and comply with all Medicaid eligibility requirements for payment for services at the CSU.
2. A CSU may charge responsible parties for that portion of the financial liability that is not met by insurance coverage. Subject to Section 814 of the Mental Health Code, the amount of the charge shall be whichever of the following is the least amount:
   a. The responsible party's ability as determined in accordance with the requirements of the federal sliding fee discount program under 42 USC 254g and related guidance. Eligibility for the sliding fee discount program must be based solely on family size and income in accordance with the most current federal poverty guidelines published annually in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902. etermined under Section 818 of the Mental Health Code.
   b. Cost of services as defined in Section 800 of the Mental Health Code.
   c. The amount of coinsurance and deductible in accordance with the terms of participation with a payer or payer group.
3. A CSU must waive payment of that part of a charge determined under Paragraph 55 above that exceeds financial liability. A CSU must not impose charges in excess of ability to pay.

Part 4: Complaint Filed with Program, Investigation

1. A CSU must conspicuously post a description, provided by the department, of complaint procedures established by these rules and the name, address, telephone number of a person authorized by the department to receive complaints.

2. A person who believes that a CSU has violated any requirements of the Public Health Code, Mental Health Code including but not limited to Recipient Rights, state or federal law or these standards may request an investigation of the CSU. The request must be submitted to the Department in writing, or the Department must assist the person in transferring an oral complaint to writing within 7 days after the oral request is made. Any request for investigation related to an apparent or suspected violation of a recipient's rights must also be forwarded to the Office of Recipient Rights.

3. If the nature of the complaint necessitates an on-site inspection, the substance of the complaint must be provided to the CSU not earlier than at the commencement of the on-site inspection.

4. Disclosure of the name of the complainant or a patient named in the complaint, including in the complaint, a copy of the complaint, the written determination, a copy of the written determination or a record published, released, or otherwise disclosed by the Department or the CSU, is not permitted unless:

   a. If a complaint is related to the apparent or suspected violation of recipient rights, the disclosure must comply with Chapter 7 of the mental health code and applicable administrative rules.

   b. If a complaint is not related to an apparent or suspected violation of recipient rights,

      i. the complainant or person named in the complaint consents in writing to the disclosure, or

      ii. the investigation results in an administrative hearing or a judicial proceeding, or

      iii. the disclosure is considered essential to the investigation by the Department and the complainant has been given the opportunity to withdraw the complaint before disclosure.

5. Upon receipt of a complaint, the Department must determine, based on the allegations presented, whether any requirements of the Public Health Code, Mental Health Code, state or federal law or these standards has been, is, or is in danger of being violated.

6. Information or records shared under this subsection must not be released by the Department unless otherwise permitted by these rules, the Mental Health Code, or other applicable state or federal law.

7. Complaint investigations pursuant to these rules may include, but are not limited to any of the following which may occur in person, on site, or via videoconference or phone:

   a. Observation of the operation of the program

b. Assessment and copying of relevant records, including recipient records, videos, and other documents or data collected and maintained either on paper or electronically by the CSU

i. A CSU must not alter or destroy a record which may be relevant to the investigation once the CSU becomes aware that a complaint has or may be filed. Recipient records that are subject to updating must include an electronic date and time stamp of the update.

c. Collection of other information, including otherwise privileged or confidential information, from any person who may have information bearing on a CSU's compliance or ability to comply with the requirements for certification

8. The Department must investigate the complaint according to the urgency determined by the Department, but in no instance must the investigation commence later than 15 after receipt of the written complaint by the Department.

a. The Department may take immediate action against a CSU and suspend a certification for 10 days pending a hearing, after an investigation finds that there is an immediate threat to the health or safety of the patients or employees of a CSU.

9. The Department must inform the complainant of its findings.

a. Within 90 days after the receipt of complaint, the Department must provide the complainant a copy, if any, of the written determination or a status report indicating when the written determination may be expected. The final written determination must include a copy of the original complaint.

b. The complainant may request additional copies of the documents listed in this subsection and must reimburse the Department for the copies according to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

c. The Department must inform the CSU of the Department's findings at the same time that the Department informs the complainant under Paragraph a. above.

d. A written determination concerning a complaint must be available for public inspection

10. A complainant who is dissatisfied with the determination or investigation by the Department may request an administrative review by the Department.

a. The complainant must file a request in writing to the Department director, or the director's designee, within 30 days after receipt of the written notice of the Department's decision.

b. The administrative review must be conducted based on pertinent documentation or a verifiable statement submitted in writing by the complainant.

c. The Department must send the results of the administrative review to the complainant. If the administrative review results in reconsideration of a complaint against the CSU, the Department must reopen the complaint investigation.

11. When the Department determines that a CSU has committed an act or engaged in conduct or practices that warrants the revocation of certification or the denial to renew certification, the Department must issue a notice of intent that includes all of the following:

    a. The reason or reasons for the revocation of certification or the denial to renew certification.

    b. The date, time, and location for a compliance conference. The compliance conference must take place at least 45 days from the date of the notice of intent.

    c. Guidance to the CSU that a written appeal of the notice of intent must be submitted to the Department within 30 days from the date of the notice of intent for the compliance conference to occur.

12. If a CSU does not submit a written appeal of the notice of intent within 30 days from the date of notice of intent, the Department may revoke or not renew certification. This action on certification must be final and is not subject to administrative appeal.

13. If a CSU submits a timely appeal of the notice of intent, the Department must hold the compliance conference as indicated in the notice of intent. The CSU must be afforded an opportunity to show compliance to all lawful requirements for certification.

14. In lieu of suspending or revoking the certification where there are serious concerns with compliance with certification requirements that do not create immediate threat to the health or safety of the patients or employees of a CSU, the Department may schedule the CSU for a probation period of no less than 30 days if the CSU is found in noncompliance and found to require corrective action.

15. A party aggrieved by the decision of the Department following administrative review may seek judicial review in accordance with chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306.

ATTACHMENT "F"

(Fillable Form)

C. Rate Submission for Products and Services to be provided

Owner intends to enter into a Design-Build Agreement with the selected DB using a modified AIA Document A141-2014 form between the Owner and Design Builder (the "DB Agreement").

Financial proposals regarding the DB Project(s) (Project "One" and/or Project "Two") shall identify architectural and engineering costs and fees; and the professional construction management services costs to be provided to the Board.

Offeror, DB, shall present the cost of each DB Project being bid.

Additional services (scope of work and associated fees) over and above those outlined in the prime agreement, shall be mutually agreed upon between Owner and selected DB prior to commencement of the proposed work.

Should additional services be required on this project, the DB shall provide a current hourly rate chart identifying A/E team members, titles, and their hourly rates and other costs and fees for the duration of project.

Continue to Page 2 of 3–
PROJECT "ONE" – 1st & 2nd Floor Office and Clinical Spaces

And/Or

Continue to Page 3 of 3–
PROJECT "TWO" – CSU / BHUC & associated spaces

ATTACHMENT "F"

(Fillable Form)

DB shall clearly identify the Project or Projects for which the firm is presenting rates.

PROJECT "ONE" – 1st & 2nd Floor Office and Clinical Spaces

- **A/E FEE:** Lump sum (fixed fee) design fees including schematic design, design development, construction documents, bidding and construction administration (inclusive of all reimbursable expenses):

_____

(*DB to fill in lump sum, write out the dollar amount in text and numbers.)*

- **CONSTRUCTION MANAGEMENT FEE**: Cost of Construction, plus Administrative Fee Percentage (inclusive of all reimbursable expenses)

_____

(DB to fill in CM fees, write out the dollar amount in text and numbers and percentage amount in text & numbers.)

Business Name – Construction Management:

_____

Business Name

_____

Print Name Signature* Title Date

Business Name – A/E Firm:

_____

Business Name

_____

Print Name Signature* Title Date

*Provide signatures of individuals authorized to bind the parties as part of their RFP responses and bid proposal.

ATTACHMENT "F"

(Fillable Form)

DB shall clearly identify the Project or Projects for which the firm is presenting rates.

PROJECT "TWO" – CSU / BHUC & associated spaces

- A/E FEE: Lump sum (fixed fee) design fees including schematic design, design development, construction documents, bidding and construction administration (inclusive of all reimbursable expenses):

_____

(DB to fill in this blank, write out the dollar amount in text and numbers.)

- CONSTRUCTION MANAGEMENT FEE: Cost of Construction, plus Administrative Fee Percentage (inclusive of all reimbursable expenses)

_____

(DB to fill in this blank, write out the dollar amount in text and numbers and percentage amount in text & numbers.)

Business Name – Construction Management:

_____

Business Name

_____

Print Name Signature* Title Date

Business Name – A/E Firm:

_____

Business Name

_____

Print Name Signature* Title Date

*Provide signatures of individuals authorized to bind the parties as part of their RFP responses and bid proposal.