

## Bagby, Tammy (LARA)

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**From:** Robert Stein <rstein@miassistedliving.org>  
**Sent:** Thursday, August 11, 2022 8:53 AM  
**To:** LARA-BCHS-Training  
**Cc:** Bagby, Tammy (LARA)  
**Subject:** Proposed HFA Licensing Rule Revisions

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Michigan Assisted Living Association (MALA) appreciates the opportunity to submit public comments on the proposed home for the aged (HFA) licensing rules. MALA represents HFAs throughout Michigan.

Our comments are as follows:

- Rule 1(n) - Our organization recommends that the proposed definition under Rule 1(n) be revised to the following language: "Medication management" means assistance with the acquisition and administration of a resident's prescribed medication.
- Rule 24(3) – Our organization recommends that proposed Rule 24(3) be revised to the following language: The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel from the home and if needed additional staff who have training or experience with the type of the incident being evaluated.

Thank you again for the opportunity to comment on the proposed HFA licensing rules.

Robert L. Stein  
General Counsel  
Michigan Assisted Living Association  
Direct Dial: 734-525-2400

## Bagby, Tammy (LARA)

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**From:** LindaLawther@michcal.com  
**Sent:** Thursday, August 11, 2022 2:04 PM  
**To:** Bagby, Tammy (LARA)  
**Cc:** Horvath, Larry (LARA); Moore, Andrea (LARA)  
**Subject:** Proposed Rule Comments

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Re: Notice of Public Hearing to take place on Thursday, August 18, 2022 at 9:00 am  
Williams Building, 1<sup>st</sup> Floor Auditorium, 525 West Ottawa Street, Lansing, MI 48933

Comments on the proposed Homes for the Aged administrative rules changes

The Michigan Center for Assisted Living would like to request a couple of small edits to the language based on review by our provider members.

1. R. 325.1901 Definitions
  - a. Rule 1(n), the following definition of “medication management” is preferred:  
*“Medication management” means assistance with the acquisition and administration of a resident’s prescribed medication.*  
  
This alternative definition avoids the need for the resident’s service plan to be modified whenever there is a change in medication. Alternatively, if stated as is in the current proposed language, each resident’s service plan would have to be updated every time there is a change of any kind in medication. We believe this is an unintended consequence and therefore strongly suggest our revised definition.
2. R 325.1924 Reporting of incidents, quality assessment and performance improvement program
  - a. Rule 24(3), the following language is preferred:  
*The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel from the home and **if needed** additional staff who have training or experience with the type of the incident being evaluated.*
3. As a follow up comment we would like to be sure that there are plans for conducting training of the Bureau’s staff and HFA licensees with respect to the HFA rule revisions after their promulgation. We are happy to assist and support such training for our members and suggest that a training might be effective with licensing staff and providers in a combined training.

Thank you for the opportunity to collaborate on the process and to offer comments.

Warm regards,

Linda Lawther  
President/CEO

## Stay Safe – Stay Well – Wear a Mask

Members find Current COVID-19 Updates at  
<https://www.mcal.org/coronavirus/covid-19/>

*Linda Lawther*, MA, CALD, NHA



**Linda Lawther**  
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August 18, 2022

Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

**Comments on Administrative Rules for Homes for the Aged  
Rule Set 2022-21 LR**

LeadingAge Michigan appreciates the Department of Licensing and Regulatory Affairs (LARA) continued efforts to improve incident and accident reporting for Homes for the Aged (HFA) providers. We would also like to thank LARA for their communication and time conducting the workgroups and we will continue to follow these rules changes as they make their way through the administrative rules process.

LeadingAge Michigan supports the changes to HFA incident and accident reporting and is excited that HFA providers will now be conducting their own internal review of these reports. We feel that these changes will improve an HFA's ability to look at the root cause of an incidents and/or accidents while simultaneously eliminating any existing rules that LARA does not have statutory authority to enforce.

However, we ask that the language used to describe these internal incident and accident reporting entities/programs be changed from "Quality Assessment and Performance Improvement Program" (QAPI) to simply "Quality Review Program" (QRP). In conversations with LeadingAge Michigan members, the notation of these programs as "Quality Assessment and Performance improvement Program" has caused some confusion and false expectation as many providers have experience with QAPI programs in other long term care settings. We feel that the term "Quality Review Program" is simply a better descriptor for the nature of the work that these programs will be conducting. Secondly, we feel that term "Quality Review Program" will coordinate better with the current statutory language in the public health code by providing a clearer statutory definition for a review entity/program with the confidentiality requirements that these entities/programs require.

In closing, LeadingAge Michigan would like to thank LARA and the workgroup for their time developing these rule changes and support the rule changes, with an exception regarding the naming of the review entities/programs as Quality Assessment and Performance improvement Programs. LeadingAge Michigan would like to see the language changed to "Quality Review Program" to better reflect the nature of these entities/programs and the work that they will be conducting.

Sincerely,

Dalton Herbel  
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517-323-3687 (x104)