



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

May 29, 2007

Dear Administrator

Enclosed is an agreement which, if signed, would tentatively establish your facility as a Continuing Care Retirement Center (CCRC). As a CCRC, this facility would be exempt from the Michigan Medicaid Quality Assurance Assessment Program (QAAP) effective April 1, 2007.

Your facility is receiving this letter because it was identified as a CCRC when this policy was developed. If, after reviewing the conditions presented in the attached agreement, you determine that your facility does not qualify as a CCRC, please notify Robert Orme at (517) 241-9028. There will be no penalty associated with updating your status.

If your facility meets these qualifications and should be exempted from the QAAP, please return a signed and dated copy of the enclosed agreement by June 15, 2007 with signature and date by fax or mail to:

Attn: Robert Orme  
Michigan Department of Community Health  
Medical Services Administration, Actuarial Division  
PO Box 400  
Lansing, Michigan 48909

Fax: (517) 241-5112

The client roster and life care agreement information may be mailed under separate cover, but must be received within 30 days of receipt by MDCH the attached agreement.

Your cooperation will be very much appreciated.

Sincerely,

A handwritten signature in black ink that reads "Paul Reinhart".

Paul Reinhart, Director  
Medical Services Administration

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
CONTINUING CARE RETIREMENT CENTER  
PARTNERSHIP AGREEMENT**

\_\_\_\_\_ has been identified by the Michigan Department of Community Health (MDCH) as a facility that may qualify as a Continuing Care Retirement Center (CCRC) in Michigan. The purpose of this agreement is to tentatively establish this facility as a CCRC based on an attestation that certain conditions are met. Facilities which qualify as a CCRC will be exempt from the Michigan Quality Assurance Assessment Program (QAAP) as of April 1, 2007.

Pursuant to Section 13(c)ii of Public Act PA 368 of 2005, CCRCs are defined as nursing care facilities that meet the following four conditions:

- Is a nursing care facility that provides independent living, assisted living and nursing care and medical treatment on a common campus-like setting;
- Each resident has provided a life interest payment;
- These life interest payments average \$150,000 per resident;
- The CCRC utilizes all of the initial life interest payment before the resident becomes eligible for medical assistance under the state's Medicaid program.

The statute cited above addresses facilities and their classification but does not make any distinction between types of residents or individuals who enter that facility. Any individual who spends a night in a bed within the nursing home is considered a resident. All of the four conditions listed previously must apply to every resident. A facility may not be classified as a CCRC if any one resident does not meet all four of these conditions.

This attestation tentatively establishes the CCRC status of a facility, subject to verification by the MDCH. MDCH may require documentation or additional information to verify compliance with each of these four conditions. Failure to provide the required verification or to meet any of the four conditions will result in the termination of CCRC status and assessment of the QAAP effective on the date of the initial request for information. It is the responsibility of the provider to notify MDCH if any of these four conditions is no longer met. Providers will be responsible for any QAAP assessment from the date (after April 1, 2007) that CCRC status was no longer in effect.

The following actions are required in order to participate as a CCRC:

- Return this attestation stating that all conditions which qualify this facility as a CCRC are met. This document must be signed and dated;
- Provide a roster of all residents as of April 1, 2007 and a copy of each resident's life interest agreement currently in place with your facility.

If this facility uses a standardized life interest agreement, a roster showing the date that life interest payment was received and the amount of that payment for each resident is acceptable. For every resident that will be reimbursed by Medicaid after April 1, 2007, MDCH will require that a patient card (statement of account) be provided upon request to document the patient's utilization of his/her life interest payment prior to being reimbursed by the Medicaid program.

**I HEREBY CERTIFY that I have read the above statement and I agree that this facility complies with all requirements as noted.**

\_\_\_\_\_  
Name and Title (PRINT)

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature