

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)  
CERTIFICATE OF NEED (CON) COMMISSION MEETING**

Thursday, March 16, 2017

South Grand Building  
333 S. Grand Ave  
1st Floor, Grand Conference Room  
Lansing, MI 48933

**APPROVED MINUTES**

**I. Call to Order & Introductions**

Chairperson Keshishian called the meeting to order at 9:34 a.m.

A. Members Present:

Marc Keshishian, MD, Chairperson  
Suresh Mukherji, MD, Vice-Chairperson  
Denise Brooks-Williams  
Gail J. Clarkson, RN  
James B. Falahee, Jr., JD  
Debra Guido-Allen, RN  
Robert Hughes  
Jessica Kochin  
Thomas Mittelbrun  
Luis Tomatis, MD

B. Members Absent:

Kathleen Cowling, DO

C. Department of Attorney General Staff:

Joseph Potchen

D. Michigan Department of Health and Human Services Staff Present:

Tulika Bhattacharya  
Matt Lori  
Amber Myers  
Beth Nagel  
Tania Rodriguez

## **II. Review of Agenda**

Motion by Commissioner Falahee, seconded by Commissioner Mittlebrun, to approve the agenda as presented. Motion carried.

## **III. Declaration of Conflicts of Interests**

None.

## **IV. Review of Minutes of January 26, 2017**

Motion by Commissioner Falahee, seconded by Commissioner Tomatis, to approved the minutes as presented. Motion carried.

## **V. Urinary Extracorporeal Shock Wave Lithotripsy (UESWL) Services – Draft Language & Public Hearing Report**

Ms. Nagel gave an overview of the public hearing (Attachment A), the draft language (Attachment B) and the Department's recommendations.

### **A. Public Comment**

Robert Meeker – Greater Michigan Lithotripsy  
John Shaski – Sparrow Health System  
Doug Stairs – United Medical Systems

### **B. Commission Discussion**

Discussion followed.

### **C. Commission Action**

Motion by Commissioner Falahee, seconded by Commissioner Mukherji to take proposed action on the language presented today with proposed changes and move to Public Hearing and forward to the Joint Legislative Committee (JLC). The motion was amended to include a call to all parties to present information, data and testimony at the public hearing. Motion carried in a vote of 10- Yes, 0- No, and 0- Abstained.

## **VI. Nursing Home and Hospital Long-Term-Care Unit (NH-HLTCU) Beds – Final Report & Draft Language**

NH-HLTCU Workgroup Chair, Marianne Conner, gave an overview of the workgroup process, recommendations made according to the charge to the workgroup, and the draft language (see Attachments C and D).

### **A. Public Comment**

None.

B. Commission Discussion

Discussion followed.

C. Commission Action

Motion by Commissioner Clarkson, seconded by Commissioner Brooks-Williams to accept the workgroup's recommended draft language as presented and send to a Public Hearing and JLC. Motion carried in a vote of 10 - Yes, 0 - No, and 0 - Abstained.

**VII. Bone Marrow Transplantation (BMT) Services Draft Language**

Ms. Nagel gave an overview of history of BMT standards and the draft language (see Attachment E).

A. Public Comment

1. Muneer Abidi, M.D. – Spectrum Health
2. Dennis McCafferty – Economic Alliance for Michigan
3. Edward Peres, M.D. – Henry Ford Health System
4. Justin Klamerus, M.D. – Karmanos Cancer Center
5. Joseph Uberti, M.D. – Karmanos Cancer Center
6. Greg Yanik – University of Michigan Health System
7. Patrick O'Donovan – Beaumont Health

B. Commission Discussion

Discussion followed.

C. Commission Action

Motion by Commissioner Brooks-Williams, seconded by Commissioner Falahee to not adopt the language as presented and leave the standard as is and revisit it in 2018 when it comes back up and take the time in between to come with something better perhaps than what we have today. Motion carried in a vote of 7 - Yes, 3 - No, and 0 - Abstained.

**VIII. Hospital Beds Standard Advisory Committee**

Ms. Nagel gave an overview of the history of the agenda item.  
Mr. Potchen gave an update.

A. Public Comment

1. Dennis McCafferty – Economic Alliance of Michigan
2. Tony Denton – University of Michigan Health System

B. Commission Discussion

Discussion followed.

C. Commission Action

Motion by Commissioner Mukherji seconded by Commissioner Brooks-Williams to create a Standard Advisory Committee and to charge the SAC to review all of the issues identified by the Department in the summary report presented at the January meeting with the exception of observation beds. Motion carried in a vote of 8 - Yes, 1 - No, and 0 - Abstained.

**IX. Legislative Report**

Mr. Lori provided an overview of Legislative activity as it relates to Certificate of Need.

**X. Administrative Update**

A. Planning & Access to Care Section Update

Ms. Nagel provided an update.

B. CON Evaluation Section Update

Ms. Bhattacharya provided an update on the following items:

1. Compliance Report (see Attachment F)
2. Quarterly Performance Measures (see Attachment G)
3. MRT Statewide Compliance Update (see Attachment H)
4. Update on Psychiatric Bed Special Pool (see Attachment I)

**XI. Legal Activity Report**

Mr. Potchen provided an update on the CON legal activity.

**XII. Future Meeting Dates:** June 15, 2017, September 21, 2017, & December 7, 2017

Discussion followed.

**XIII. Public Comment**

None.

#### **XIV. Review of Commission Workplan**

Ms. Nagel provided an overview of the changes to the workplan (see Attachment J).

##### **A. Commission Discussion**

Discussion followed.

##### **B. Commission Action**

Motion by Commissioner Brooks-Williams, seconded by Commissioner Hughes to accept the workplan as discussed. Motion carried in a vote of 9 - Yes, 0- No, and 0- Abstained

#### **XV. Election of Officers**

Motion by Commissioner Falahee, seconded by Commission Clarkson, to nominate Commissioner Mukherji as the Chair of the Commission. Motion Carried in a vote of 9 – Yes, 0 – No and 0 – Abstained.

Motion by Commissioner Falahee, seconded by Commissioner Clarkson, to nominate Commissioner Mittelbrun as the Vice-chair of the Commission. Motion Carried in a vote of 9 – Yes, 0 – No and 0 – Abstained.

#### **XIV. Adjournment**

Motion by Commissioner Mittlebrun, seconded by Commissioner Falahee, to adjourn the meeting at 12:32 p.m. Motion Carried in a vote of 9 - Yes, 0 - No, and 0 - Abstained.

Michigan Department of Health and Human Services (MDHHS or Department)  
**MEMORANDUM**  
Lansing, MI

Date: February 13, 2017

TO: The Certificate of Need (CON) Commission

FROM: Beth Nagel, Division Director, Office of Planning, MDHHS

RE: Summary of Public Hearing Comments on Urinary Extracorporeal Shock Wave Lithotripsy (UESWL) Services Standards

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**Public Hearing Testimony**

Pursuant to MCL 333.22215 (3), the Certificate of Need (CON) Commission "...shall conduct a public hearing on its proposed action." The Commission took proposed action on the UESWL Services Standards at its December 7, 2016 meeting. Accordingly, the Department held a Public Hearing to receive testimony on the proposed UESWL Services Standards on February 2, 2017. Written testimony was accepted for an additional seven days after the hearing. Testimony was received from two organizations.

**Written Testimony:**

- 1.) *John Shaski, Sparrow Hospital*
  - Urges the adoption of a provision in the standard that would allow conversion from a mobile to a fixed UESWL unit.
- 2.) Alan Buergenthal, Greater Michigan Lithotripsy
  - Supports proposed changes to the standards that were presented at the December 2016 meeting.

**Department Recommendation:**

The Department supports the language as presented at the December 7, 2016 CON Commission meeting. The Department also supports the testimony urging a conversion from a mobile to a fixed unit either for this update of the standard or in a later review.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR  
URINARY EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (UESWL) SERVICES**

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

**Section 1. Applicability**

Sec. 1. These standards are requirements for approval to initiate, replace, expand, or acquire an UESWL service/unit under Part 222 of the Code. Urinary extracorporeal shock wave lithotripsy is a covered clinical service for purposes of Part 222 of the Code. The Department shall use these standards in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

**Section 2. Definitions**

Sec. 2. (1) For purposes of these standards:

(a) "Central service coordinator" OR "CSC" means the organizational unit that has operational responsibility for a mobile UESWL service and its unit(s) and that is a legal entity authorized to do business in the state of Michigan.

(b) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(c) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(d) "Complicated stone disease treatment capability" means the expertise necessary to manage all patients during the treatment of kidney stone disease. This includes, but is not limited to:

(i) A urology service that provides skilled and experienced ureteroscopic stone removal procedures and

(ii) Experienced interventional radiologic support.

(e) "Department" means the Michigan Department of **Community Health AND HUMAN SERVICES (MDCHMDHHS)**.

(f) "Existing mobile UESWL unit" means a CON-approved and operational UESWL unit and transporting equipment operated by a central service coordinator that provides UESWL services to two or more host sites.

(g) "Existing UESWL service" means the utilization of a CON-approved and operational UESWL unit(s) at one site in the case of a fixed UESWL service or at each host site in the case of a mobile UESWL service.

(h) "Existing UESWL unit" means the utilization of a CON-approved and operational UESWL unit.

(i) "Hospital" means a health facility licensed under Part 215 of the Code.

(j) "Host site" means the site at which a mobile UESWL unit is authorized to provide UESWL services.

(k) "Licensed site" means either of the following:

(i) In the case of a single site health facility, the location of the facility authorized by license and listed on that licensee's Certificate of Licensure.

(ii) In the case of a health facility with multiple sites, the location of each separate and distinct health facility as authorized by license and listed on that licensee's Certificate of Licensure.

(l) "Michigan Inpatient Database" or "MIDB" means the database that is compiled by the Michigan Health and Hospital Association or successor organization. The database consists of inpatient discharge records from all Michigan hospitals and Michigan residents discharged from hospitals in border states for a specific calendar year.

(m) "Mobile UESWL unit" means a UESWL unit and transporting equipment operated by a central service coordinator that provides UESWL services to two or more host sites.

- 56 (n) "Planning area" means the state of Michigan.  
 57 (o) "Region" means the geographic areas set forth in Appendix B.  
 58 (p) "Renewal of a lease" means extending the effective period of a lease for an existing UESWL unit  
 59 that does not involve either the replacement/upgrade of a UESWL unit, as defined in Section 4, or a  
 60 change in the parties to the lease.  
 61 (q) "Retreatment" means a UESWL procedure performed on the same side of the same patient  
 62 within 6 months of a previous UESWL procedure performed at the same UESWL service. In the case of  
 63 a mobile service, the term includes a retreatment performed at a different host site if the initial treatment  
 64 was performed by the same service.  
 65 (r) "Ureteroscopy stone removal procedure" means a stone removal procedure conducted in the  
 66 ureter by means of an endoscope that may or may not include laser technology.  
 67 (s) "Urinary extracorporeal shock wave lithotripsy" or "UESWL" means a procedure for the removal  
 68 of kidney stones that involves focusing shock waves on kidney stones so that the stones are pulverized  
 69 into sand-like particles, which then may be passed through the urinary tract.  
 70 (t) "UESWL service" means either the CON-approved utilization of a UESWL unit(s) at one site in  
 71 the case of a fixed UESWL service or at each host site in the case of a mobile UESWL service.  
 72 (u) "UESWL unit" means the medical equipment that produces the shock waves for the UESWL  
 73 procedure.

74  
 75 (2) The definitions in Part 222 shall apply to these standards.  
 76

### 77 Section 3. Requirements to initiate a urinary extracorporeal shock wave lithotripsy service

78  
 79 Sec. 3. Initiate a UESWL service means to begin operation of a UESWL unit, whether fixed or mobile,  
 80 at a site that does not offer (or has not offered within the last consecutive 12-month period) approved  
 81 UESWL services. The term does not include the acquisition or replacement of an existing UESWL  
 82 service or the renewal of a lease.  
 83

- 84 (1) An applicant proposing to initiate a UESWL service shall demonstrate each of the following:  
 85 (a) The capability to provide complicated stone disease treatment on-site.  
 86 (b) At least 1,000 procedures are projected pursuant to the methodology set forth in Section 10(1).  
 87 (c) The proposed UESWL service shall be provided at a site that provides, or will provide, each of  
 88 the following:  
 89 (i) On-call availability of an anesthesiologist and a surgeon.  
 90 (ii) On-site Advanced Cardiac Life Support (ACLS)-certified personnel and nursing personnel.  
 91 (iii) EITHER On-site OR THROUGH A CONTRACTUAL AGREEMENT WITH ANOTHER HEALTH  
 92 FACILITY, IV supplies and materials for infusions and medications, blood and blood products, and  
 93 pharmaceuticals, including vasopressor medications, antibiotics, and fluids and solutions.  
 94 (iv) On-site general anesthesia, EKG, cardiac monitoring, blood pressure, pulse oximeter, ventilator,  
 95 general radiography and fluoroscopy, cystoscopy, and laboratory services.  
 96 (v) On-site crash cart.  
 97 (vi) On-site cardiac intensive care unit or a written transfer agreement with a hospital that has a  
 98 cardiac intensive care unit.  
 99 (vii) EITHER On-site OR THROUGH A CONTRACTUAL AGREEMENT WITH ANOTHER HEALTH  
 100 FACILITY, A 23-hour holding unit.  
 101

### 102 Section 4. Requirements to replace an existing UESWL unit(s)

103  
 104 Sec. 4. Replace an existing UESWL unit means an equipment change of an existing UESWL unit,  
 105 other than an upgrade, proposed by an applicant that results in that applicant operating the same number  
 106 of UESWL units before and after the project completion. The term does not include an upgrade of an  
 107 existing UESWL unit, changing a mobile UESWL unit to a fixed UESWL unit, or changing a fixed UESWL  
 108 unit to a mobile UESWL unit. Replacement also means a change in the location of a fixed UESWL unit(s)  
 109 from the existing site to a different site, OR a change in the geographic location of an existing fixed  
 110 UESWL service and its unit(s) from an existing site to a different site.



- 111  
112 (1) "Upgrade an existing UESWL unit" means any equipment change, other than a replacement, that  
113 involves a capital expenditure of \$125,000 or less in any consecutive 24-month period.  
114
- 115 (2) An applicant proposing to replace an existing UESWL unit(s) shall demonstrate the following:  
116 (a) Each existing UESWL unit of the service proposing to replace a UESWL unit has averaged at  
117 least 1,000 UESWL procedures per unit during the most recent continuous 12-month period for which the  
118 Department has verifiable data.  
119 (b) Each UESWL unit of the service proposing to replace a UESWL unit is projected to perform at  
120 least 1,000 UESWL procedures per unit per year pursuant to the methodology set forth in Section 10.  
121
- 122 (3) An applicant proposing to replace a UESWL unit shall demonstrate one or more of the following:  
123 (a) The existing equipment clearly poses a threat to the safety of the public.  
124 (b) The proposed replacement UESWL unit offers technological improvements that enhance quality  
125 of care, increase efficiency, or reduce operating costs and patient charges.  
126 (c) The existing equipment is fully depreciated according to generally accepted accounting principles.  
127
- 128 (4) An applicant that demonstrates that it meets the requirements in this subsection shall not be  
129 required to demonstrate compliance with Section 4(2):  
130 (a) The proposed project involves replacing 1 existing fixed UESWL unit with 1 mobile UESWL unit.  
131 (b) The proposed mobile unit will serve at least 1 host site that is located in a region other than the  
132 region in which the fixed UESWL unit proposed to be replaced is located currently.  
133 (c) At least 100 UESWL procedures are projected in each region in which the proposed mobile  
134 UESWL unit is proposed to operate when the results of the methodology in Section 10 are combined for  
135 the following, as applicable:  
136 (i) All licensed hospital sites committing MIDB data pursuant to Section 11, as applicable, that are  
137 located in the region identified in subsection (c).  
138 (ii) All sites that receive UESWL services from an existing UESWL service and propose to receive  
139 UESWL services from the proposed mobile unit and that are located in the region identified in subsection  
140 (c).  
141 (d) A separate application from each host site is filed at the same time the application to replace a  
142 fixed unit is submitted to the Department.  
143 (e) The proposed mobile UESWL unit is projected to perform at least 1,000 procedures annually  
144 pursuant to the methodology set forth in Section 10.  
145
- 146 (5) An applicant proposing to ~~relocate~~ **REPLACE its AN** existing **FIXED** UESWL service and its  
147 unit(s) **TO A NEW SITE** shall demonstrate that the proposed project meets all of the following:  
148 (a) ~~The UESWL service and its unit(s) to be relocated is a fixed UESWL unit(s).~~  
149 ~~(b) The UESWL service to be relocated REPLACED has been in operation for at least 36 months as~~  
150 ~~of the date an application is submitted to the Department UNLESS THE APPLICANT MEETS THE~~  
151 ~~REQUIREMENT IN SUBSECTION (d)(i) OR (ii).~~  
152 ~~(eb) The site to which the UESWL service will be relocated REPLACED meets the requirements of~~  
153 ~~Section 3(1)(c).~~  
154 ~~(ec) The proposed new site is in the state of Michigan and within a 25-mile radius of the existing site~~  
155 ~~of the UESWL service to be relocated REPLACED.~~  
156 ~~(ed) The UESWL service and its unit(s) to be relocated REPLACED performed an average of at least~~  
157 ~~1,000 procedures per unit in the most recent 12-month period for which the Department has verifiable~~  
158 ~~data UNLESS ONE OF THE FOLLOWING REQUIRMENTS ARE MET:-~~  
159 ~~(i) THE OWNER OF THE BUILDING WHERE THE SITE IS LOCATED HAS INCURRED A FILING~~  
160 ~~FOR BANKRUPTCY UNDER CHAPTER SEVEN (7) WITHIN THE LAST THREE YEARS;~~  
161 ~~(ii) THE OWNERSHIP OF THE BUILDING WHERE THE SITE IS LOCATED HAS CHANGED~~  
162 ~~WITHIN 24 MONTHS OF THE DATE OF THE SERVICE BEING OPERATIONAL; OR~~  
163 ~~(iii) THE UESWL SERVICE BEING REPLACED IS PART OF THE REPLACEMENT OF AN ENTIRE~~  
164 ~~HOSPITAL TO A NEW GEOGRAPHIC SITE AND HAS ONLY ONE (1) UESWL UNIT.~~

165 (fe) The applicant agrees to operate the UESWL service and its unit(s) in accordance with all  
 166 applicable project delivery requirements set forth in Section 9 of these standards.  
 167

168 (6) An applicant proposing to ~~relocate~~ REPLACE a fixed UESWL unit(s) of an existing UESWL  
 169 service shall demonstrate that the proposed project meets all of the following:

170 (a) The existing UESWL service from which the UESWL unit(s) is to be ~~relocated~~ REPLACED has  
 171 been in operation for at least 36 months as of the date an application is submitted to the Department.

172 (b) The site to which the UESWL unit(s) will be ~~relocated~~ REPLACED meets the requirements of  
 173 Section 3(1)(c).

174 (c) The proposed new site is in the state of Michigan and within a 25-mile radius of the existing site  
 175 of the fixed UESWL unit to be ~~relocated~~ REPLACED.

176 (d) Each existing UESWL unit(s) at the service from which a unit is to be ~~relocated~~ REPLACED  
 177 performed at least an average of 1,000 procedures per fixed unit in the most recent 12-month period for  
 178 which the Department has verifiable data.

179 (e) The applicant agrees to operate the UESWL unit(s) in accordance with all applicable project  
 180 delivery requirements set forth in Section 9 of these Standards.

181 (f) For volume purposes, the new site shall remain associated with the existing UESWL service for a  
 182 minimum of three years.

183  
 184 (7) Equipment that is replaced shall be removed from service and disposed of or rendered  
 185 considerably inoperable on or before the date that the replacement equipment becomes operational.  
 186

## 187 Section 5. Requirements for approval to expand an existing UESWL service

188  
 189 Sec. 5. Expand an existing UESWL service means the addition of one UESWL unit at an existing  
 190 UESWL service. An applicant proposing to expand an existing UESWL service, whether fixed or mobile,  
 191 unless otherwise specified, shall demonstrate the following:  
 192

193 (1) All of the applicant's existing UESWL units, both fixed and mobile, at the same geographic  
 194 location as the proposed additional UESWL unit, have performed an average of at least 1,800 procedures  
 195 per UESWL unit during the most recent 12-month period for which the Department has verifiable data. In  
 196 computing this average, the Department will divide the total number of UESWL procedures performed by  
 197 the applicant's total number of UESWL units, including both operational and approved but not operational  
 198 fixed and mobile UESWL units.  
 199

200 (2) The applicant shall project an average of at least 1,000 procedures for each existing and  
 201 proposed fixed and mobile UESWL unit(s) as a result from the application of the methodology in Section  
 202 10 of these standards for the second 12-month period after initiation of operation of each additional  
 203 UESWL unit whether fixed or mobile.  
 204

205 (3) An applicant proposing to expand an existing mobile UESWL service must provide a copy of the  
 206 existing or revised contracts between the central service coordinator and each host site(s) that includes  
 207 the same stipulations as specified in Section 7(1)(c).  
 208

## 209 Section 6. Requirements to acquire an existing UESWL service or an existing UESWL unit(s)

210  
 211 Sec. 6. Acquisition of an existing UESWL service or existing UESWL unit(s)" means obtaining  
 212 possession or control of an existing fixed or mobile UESWL service or existing UESWL unit(s) by  
 213 purchase, lease, donation, or other comparable arrangement.  
 214

215 (1) ~~An THE applicant proposing to acquire an existing fixed or mobile UESWL service and its unit(s)~~  
 216 ~~shall not be required to be in compliance with the volume requirement applicable to the seller/lessor on~~  
 217 ~~the date the acquisition occurs demonstrate that AIF THE proposed project meets all ONE of the~~  
 218 following:

219 (a) ~~For an application for the proposed~~ **IT IS THE** first acquisition of ~~an~~ **THE** existing fixed or mobile  
 220 UESWL service, for which a final decision has not been issued after May 2, 1998, ~~an existing UESWL~~  
 221 ~~service to be acquired shall not be required to be in compliance with the volume requirement applicable to~~  
 222 ~~the seller/lessor on the date the acquisition occurs. The UESWL service and its unit(s) shall be operating~~  
 223 ~~at the applicable volume requirements set forth in Section 9 of these standards in the second 12 months~~  
 224 ~~after the date the service and its unit(s) is acquired, and annually thereafter.~~

225 (b) **THE EXISTING FIXED OR MOBILE UESWL SERVICE IS OWNED BY, IS UNDER COMMON**  
 226 **CONTROL OF, OR HAS A COMMON PARENT AS THE APPLICANT, AND THE UESWL SERVICE**  
 227 **SHALL REMAIN AT THE SAME SITE.**

228  
 229 (2) For any application for proposed acquisition of an existing fixed or mobile UESWL service, except  
 230 ~~the first~~ **AN** application approved pursuant to subsection (a1), ~~for which a final decision has not been~~  
 231 ~~issued after May 2, 1998,~~ an applicant shall be required to demonstrate that the UESWL service and its  
 232 unit(s) to be acquired performed an average of at least 1,000 procedures per unit in the most recent 12-  
 233 month period for which the Department has verifiable data.

234  
 235 (23) An applicant proposing to acquire an existing fixed or mobile UESWL unit(S) of an existing  
 236 UESWL service shall demonstrate that the proposed project meets all of the following:

237 (a) For any application for proposed acquisition of an existing fixed or mobile UESWL unit(s), an  
 238 applicant shall be required to demonstrate that the UESWL unit(s) to be acquired performed an average  
 239 of at least 1,000 procedures per unit in the most recent 12-month period for which the Department has  
 240 verifiable data.

241 (b) The requirements of Section 3(1)(c) have been met.

242  
 243 (4) **The UESWL service and its unit(s) shall be operating at the applicable volume requirements set**  
 244 **forth in Section 9 of these standards in the second 12 months after the date the service and its unit(s) is**  
 245 **acquired, and annually thereafter.**

## 246 **Section 7. Additional requirements for approval for mobile UESWL services**

247  
 248  
 249 Sec. 7. (1) An applicant proposing to begin operation of a mobile UESWL service in Michigan shall  
 250 demonstrate that it meets all of the following:

251 (a) At least 100 UESWL procedures are projected in each region in which the proposed mobile  
 252 UESWL unit is proposing to operate when the results of the methodology in Section 10 are combined for  
 253 the following, as applicable:

254 (i) All licensed hospital sites committing MIDB data pursuant to Section 11, as applicable, that are  
 255 located in the region identified in subsection (b).

256 (ii) All sites that receive UESWL services from an existing UESWL unit and propose to receive  
 257 UESWL services from the proposed mobile unit are located in the region(s) identified in subsection (b).

258 (b) The normal route schedule, the procedures for handling emergency situations, and copies of all  
 259 potential contracts related to the mobile UESWL service and its unit(s) shall be included in the CON  
 260 application submitted by the central service coordinator.

261  
 262 (2) The requirements of sections 3, 4, and subsection (1)(a) shall not apply to an applicant that  
 263 proposes to add a Michigan site as a host site if the applicant demonstrates that the mobile UESWL  
 264 service and its unit(s) operates predominantly outside of Michigan and all of the following requirements  
 265 are met:

266 (a) The proposed host site is located in a rural or micropolitan statistical area county.

267 (b) All existing and approved Michigan UESWL service and its unit(s) locations (whether fixed or  
 268 mobile) are in excess of 50 miles from the proposed host site and within a region currently served by a  
 269 UESWL mobile service operating predominantly outside of Michigan.

270 (c) A separate CON application has been submitted by the CSC and each proposed host site.

272 (3) A central service coordinator proposing to add, or an applicant proposing to become, a host site  
 273 on either an existing or a proposed mobile UESWL service shall demonstrate that it meets the  
 274 requirements of Section 3(1)(C).  
 275

276 (4) A central service coordinator proposing to add, or an applicant proposing to become, a host site  
 277 on an existing mobile UESWL service in a region not currently served by that service shall demonstrate  
 278 that at least 100 UESWL procedures are projected in each region in which the existing mobile UESWL  
 279 service is proposing to add a host site when the results of the methodology in Section 10 are combined  
 280 for the following, as applicable:

281 (a) All licensed hospital sites committing MIDB data pursuant to Section 11, as applicable, are  
 282 located in that region(s).

283 (b) All sites that receive UESWL services from an existing UESWL service and its unit(s) and  
 284 propose to receive UESWL services from the proposed mobile service and its unit(s) are located in that  
 285 region(s).  
 286

### 287 **Section 8. Requirements for Medicaid participation**

288  
 289 Sec. 8. An applicant shall provide verification of Medicaid participation. An applicant that is a new  
 290 provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided  
 291 to the Department within six (6) months from the offering of service if a CON is approved.  
 292

### 293 **Section 9. Project delivery requirements terms of approval for all applicants**

294  
 295 Sec 9. An applicant shall agree that, if approved, UESWL services, including all existing and approved  
 296 UESWL units, shall be delivered in compliance with the following:  
 297

298 (1) Compliance with these standards.  
 299

300 (2) Compliance with the following quality assurance standards:

301 (a) The medical staff and governing body shall receive and review at least annual reports describing  
 302 activities of the UESWL service, including complication rates, morbidity data, and retreatment rates.

303 (b) An applicant shall accept referrals for UESWL services from all appropriately licensed health care  
 304 practitioners.

305 (c) An applicant shall develop and utilize a standing medical staff and governing body rule that  
 306 provides for the medical and administrative control of the ordering and utilization of UESWL services.

307 (d) An applicant shall require that each urologist serving as a UESWL surgeon shall have completed  
 308 an approved training program in the use of the lithotripter at an established facility with UESWL services.

309 (e) An applicant shall establish a process for credentialing urologists who are authorized to perform  
 310 UESWL procedures at the applicant facility. This shall not be construed as a requirement to establish  
 311 specific credentialing requirements for any particular hospital or UESWL site.

312 (f) A urologist who is not an active medical staff member of an applicant facility shall be eligible to  
 313 apply for limited staff privileges to perform UESWL procedures. Upon request by the Department, an  
 314 applicant shall provide documentation of its process that will allow a urologist who is not an active medical  
 315 staff member to apply for medical staff privileges for the sole and limited purpose of performing UESWL  
 316 procedures. In order to be granted staff privileges limited to UESWL procedures, a urologist shall  
 317 demonstrate that he or she meets the same requirements, established pursuant to the provisions of  
 318 subsection (e), that a urologist on an applicant facility's active medical staff must meet in order to perform  
 319 UESWL procedures.

320 (g) An applicant shall provide UESWL program access to approved physician residency programs for  
 321 teaching purposes.  
 322

323 (3) Compliance with the following access to care requirements:

324 (a) An applicant, to assure appropriate utilization by all segments of the Michigan population, shall:

325 (i) Not deny any UESWL services to any individual based on inability to pay or source of payment,

- 326 (ii) Provide all UESWL services to any individual based on clinical indications of need for the  
 327 services, and
- 328 (iii) Maintain information by payor and non-paying sources to indicate the volume of care from each  
 329 source provided annually.
- 330 (b) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years  
 331 of operation and continue to participate annually thereafter.
- 332 (c) The operation of and referral of patients to the UESWL service shall be in conformance with 1978  
 333 PA 368, Sec. 16221, as amended by 1986 PA 319; MCL 333.16221; MSA 14.15 (16221).
- 334 Compliance with selective contracting requirements shall not be construed as a violation of this term.  
 335
- 336 (4) Compliance with the following monitoring and reporting requirements:
- 337 (a) Each UESWL unit, whether fixed or mobile, shall perform at least an average of 1,000 procedures  
 338 per unit per year in the second 12 months of operation and annually thereafter. The central service  
 339 coordinator shall demonstrate that a mobile UESWL unit approved pursuant to these standards  
 340 performed at least 100 procedures in each region that is served by the mobile unit. For purposes of this  
 341 requirement, the number of UESWL procedures performed at all host sites in the same region shall be  
 342 combined.
- 343 (b) The applicant shall participate in a data collection network established and administered by the  
 344 Department or its designee. The data may include, but is not limited to, annual budget and cost  
 345 information; operating schedules; and demographic, diagnostic, morbidity and mortality information;  
 346 primary diagnosis code; whether the procedure was a first or retreatment UESWL procedure; what other  
 347 treatment already has occurred; outpatient or inpatient status; complications; and whether follow-up  
 348 procedures (e.g., percutaneous nephrotomy) were required, as well as the volume of care provided to  
 349 patients from all payor sources. An applicant shall provide the required data on a separate basis for each  
 350 host site or licensed site in a format established by the Department and in a mutually-agreed-upon media.  
 351 The Department may elect to verify the data through on-site review of appropriate records.
- 352 (c) The applicant shall provide the Department with timely notice of the proposed project  
 353 implementation consistent with applicable statute and promulgated rules.  
 354
- 355 (5) Compliance with the following mobile UESWL requirements, if applicable:
- 356 (a) The volume of UESWL procedures performed at each host site shall be reported to the  
 357 Department by the central service coordinator.
- 358 (b) An applicant with an approved CON for a mobile UESWL service shall notify the Department and  
 359 the local CON review agency, if any, at least 30 days prior to dropping an existing host site.
- 360 (c) Each mobile UESWL service shall establish and maintain an Operations Committee consisting of  
 361 the central service coordinator's medical director and members representing each host site and the  
 362 central service coordinator. This committee shall oversee the effective and efficient use of the UESWL  
 363 unit, establish the normal route schedule, identify the process by which changes are to be made to the  
 364 schedule, develop procedures for handling emergency situations, and review the ongoing operations of  
 365 the mobile UESWL service and its unit(s) on at least a quarterly basis.
- 366 (d) The central service coordinator shall arrange for emergency repair services to be available 24  
 367 hours each day for the mobile UESWL unit equipment and the vehicle transporting the equipment.
- 368 (e) If the host site will not be performing the lithotripsy procedures inside the facility, it must provide a  
 369 properly prepared parking pad for the mobile UESWL unit of sufficient load-bearing capacity to support  
 370 the vehicle, a waiting area for patients, and a means for patients to enter the vehicle without going outside  
 371 (such as a canopy or enclosed corridor). Each host site also must provide the capability for maintaining  
 372 the confidentiality of patient records. A communication system must be provided between the mobile  
 373 vehicle and each host site to provide for immediate notification of emergency medical situations.
- 374 (f) A mobile UESWL service shall operate under a contractual agreement that includes the provision  
 375 of UESWL services at each host site on a regularly scheduled basis.  
 376
- 377 (6) The agreements and assurances required by this Section shall be in the form of a certification  
 378 agreed to by the applicant or its authorized agent.  
 379

### 380 **Section 10. Methodology for projecting UESWL procedures**

381  
 382 Sec. 10. (1) The methodology set forth in this subsection shall be used for projecting the number of  
 383 UESWL procedures at a site or sites that do not provide UESWL services as of the date an application is  
 384 submitted to the Department. In applying the methodology, actual inpatient discharge data, as specified  
 385 in the most recent Michigan Inpatient Database available to the Department on the date an application is  
 386 deemed complete shall be used for each licensed hospital site for which a signed data commitment form  
 387 has been provided to the Department in accordance with the provisions of Section 11. In applying  
 388 inpatient discharge data in the methodology, each inpatient record shall be used only once and the  
 389 following steps shall be taken in sequence:

390 (a) The number of inpatient records with a diagnosis, either principal or nonprincipal, of ICD-9-CM  
 391 codes 592.0, 592.1, or 592.9 (see Appendix D for ICD-10-CM Codes) shall be counted.

392 (b) The result of subsection (a) shall be multiplied by the factor specified in Appendix A for each  
 393 licensed hospital site that is committing its inpatient discharge data to a CON application. If more than  
 394 one licensed hospital site is committing inpatient discharge data in support of a CON application, the  
 395 products from the application of the methodology for each licensed hospital site shall be summed.

396 (c) The result of subsection (b) is the total number of projected UESWL procedures for an application  
 397 that is proposing to provide fixed or mobile UESWL services at a site, or sites in the case of a mobile  
 398 service, that does not provide UESWL service, either fixed or mobile, as of the date an application is  
 399 submitted to the Department.

400  
 401 (2) For a site or sites that provide UESWL services as of the date an application is submitted to the  
 402 Department, the actual number of UESWL procedures performed at each site, during the most recent  
 403 continuous 12-month period for which the Department has verifiable data, shall be the number used to  
 404 project the number of UESWL procedures that will be performed at that site or sites.

405  
 406 (3) For a proposed UESWL unit, except for initiation, the results of subsections (1) and (2), as  
 407 applicable, shall be summed and the result is the projected number of UESWL procedures for the  
 408 proposed UESWL unit for purposes of the applicable sections of these standards.

409  
 410 (4) An applicant that is projecting UESWL procedures pursuant to subsection (1) shall provide  
 411 access to verifiable hospital-specific data and documentation using a format prescribed by the  
 412 Department.

#### 413 414 **Section 11. Requirements for MIDB data commitments**

415  
 416 Sec. 11. (1) In order to use MIDB data in support of an application for UESWL services, an applicant  
 417 shall demonstrate or agree to, as applicable, all of the following.

418 (a) A licensed hospital site whose MIDB data is used in support of a CON application for a UESWL  
 419 service shall not use any of its MIDB data in support of any other application for a UESWL service for 5  
 420 years following the date the UESWL service to which the MIDB data are committed begins to operate.  
 421 The licensed hospital site shall be required to commit 100% of its inpatient discharge data to a CON  
 422 application.

423 (b) The licensed hospital site, or sites, committing MIDB data to a CON application has completed  
 424 the departmental form(s) that agrees to or authorizes each of the following:

425 (i) The Michigan Health and Hospital Association may verify the MIDB data for the Department.

426 (ii) An applicant shall pay all charges associated with verifying the MIDB data.

427 (iii) The commitment of the MIDB data remains in effect for the period of time specified in subsection  
 428 (1)(a).

429 (c) A licensed hospital site that is proposing to commit MIDB data to an application is admitting  
 430 patients regularly as of the date the director makes the final decision on that application under Section  
 431 22231(9) of the Code, being Section 333.22231(9) of the Michigan Compiled Laws.

432  
 433 (2) The Department shall consider an MIDB data commitment in support of an application for a  
 434 UESWL service from a licensed hospital site that meets all of the following:

435 (a) The licensed hospital site proposing to commit MIDB data to an application does not provide, or  
436 does not have a valid CON to provide, UESWL services, either fixed or mobile, as of the date an  
437 application is submitted to the Department.

438 (b) The licensed hospital site proposing to commit MIDB data is located in a region in which a  
439 proposed fixed UESWL service is proposed to be located or, in the case of a mobile unit, has at least one  
440 host site proposed in that region.

441 (c) The licensed hospital site meets the requirements of subsection (1), as applicable.

442

443 **Section 12. Effect on prior planning policies; comparative reviews**

444

445 Sec. 12. (1) These CON review standards supersede and replace the CON review standards for  
446 urinary extracorporeal shock wave lithotripsy (UESWL) services approved by the CON Commission on  
447 ~~March 18~~ **SEPTEMBER 25, 2014 and effective on ~~June~~ **DECEMBER 22, 2014.****

448

449 (2) Projects reviewed under these standards shall not be subject to comparative review.

450

**APPENDIX A****Factor For Calculating Projected UESWL Procedures**

(1) Until changed by the Department, the factor to be used in Section 10(1)(b) used for calculating the projected number of UESWL procedures shall be 1.09104.

(2) The Department may amend Appendix A by revising the factor in subsection (1) in accordance with the following steps:

(a) Steps for determining statewide UESWL adjustment factor:

(i) Determine the total statewide number of inpatient records with a diagnosis, either principal or nonprincipal, of ICD-9-CM codes 592.0, 592.1, or 592.9 (see Appendix D for ICD-10-CM Codes) for the most recent year for which Michigan Inpatient Database information is available to the Department.

(ii) Determine the total number of UESWL procedures performed in the state using the Department's Annual Hospital Questionnaire for the same year as the MIDB being used in subsection (i) above.

(iii) Divide the number of UESWL procedures determined in subsection (ii) above by the number of inpatient records determined in subsection (i) above.

(b) Steps for determining "urban/rural" adjustment factor:

(i) For each hospital, assign urban/rural status based on the 2000 census COUNTY CLASSIFICATIONS FOUND IN APPENDIX C. "Metropolitan statistical area counties" will be assigned "urban" status, and "micropolitan statistical area" and "rural" counties will be assigned "rural" status.

(ii) Aggregate the records from step (a)(i) by zip code "urban/rural" status.

(iii) Identify the zip codes in which all records are either "urban" status or "rural" status. Aggregate the number of records and zip code populations separately by "urban/rural" status.

(iv) For zip codes having records in both "urban" and "rural" status, Calculate the proportion of records in "urban" and "rural" by dividing the respective number of records by the total number of records for that zip code. Multiply the population of each zip code by its respective "urban" and "rural" proportions.

(v) Aggregate the records and populations from step (b)(iv) separately by "urban/rural" status.

(vi) The sub-totals from step (v) will then be added to the sub-totals from step (iii) to produce totals for "urban" & "rural" separately. Calculate the "urban" and "rural" discharge rates per 10,000 (DRU and DRR, respectively) by dividing the total number of records by the total population for each status, then multiplying by 10,000.

(vii) Divide the urban discharge rate by the rural discharge rate (DRU/DRR) to calculate the "urban/rural" adjustment factor. Multiply the statewide adjustment factor identified in step (a)(iii) by the "urban/rural" adjustment factor. The result is the revised factor for calculating UESWL procedures.

(3) The Department shall notify the Commission when this revision is made and the effective date of the revision.



**APPENDIX B**

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Counties assigned to each region are as follows:

<b>Region</b>	<b>Counties</b>			
1	Livingston St. Clair	Monroe Washtenaw	Macomb Wayne	Oakland
2	Clinton Jackson	Eaton Lenawee	Hillsdale	Ingham
3	Barry Cass	Berrien Kalamazoo	Branch St. Joseph	Calhoun Van Buren
4	Allegan Mason Newaygo	Ionia Mecosta Oceana	Kent Montcalm Osceola	Lake Muskegon Ottawa
5	Genesee	Lapeer	Shiawassee	
6	Arenac Gratiot Midland Sanilac	Bay Huron Ogemaw Tuscola	Clare Iosco Roscommon	Gladwin Isabella Saginaw
7	Alcona Crawford Gd. Traverse Missaukee Presque Isle	Alpena Charlevoix Kalkaska Montmorency Wexford	Antrim Cheboygan Leelanau Oscoda	Benzie Emmet Manistee Otsego
8	Alger Dickinson Keweenaw Menominee	Baraga Gogebic Luce Ontonagon	Chippewa Houghton Mackinac Schoolcraft	Delta Iron Marquette

**APPENDIX C**

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Rural Michigan counties are as follows:

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Graiot	Marquett	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)  
Statistical Policy Office  
Office of Information and Regulatory Affairs  
United States Office of Management and Budget

**APPENDIX D**574  
575  
576  
577**ICD-9-CM TO ICD-10-CM CODE TRANSLATION**

<b>ICD-9 CODE</b>	<b>DESCRIPTION</b>	<b>ICD-10 CODE</b>	<b>DESCRIPTION</b>
592.0	Calculus of Kidney	N20.0	Calculus of Kidney
		N20.2	Calculus of Kidney with Calculus of Ureter
592.1	Calculus of Ureter	N20.1	Calculus of Ureter
		N20.2	Calculus Of Kidney with Calculus of Ureter
592.9	Urinary Calculus	N20.9	Urinary Calculus, Unspecified
		N22	Calculus of Urinary Tract in Diseases Classified Elsewhere

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"ICD-9-CM Code" means the disease codes and nomenclature found in the International Classification of Diseases - 9th Revision - Clinical Modification, prepared by the Commission on Professional and Hospital Activities for the U.S. National Center for Health Statistics.

"ICD-10-CM Code" means the disease codes and nomenclature found in the International Classification Of Diseases - 10th Revision - Clinical Modification, National Center for Health Statistics.

# **FINAL REPORT AND RECOMMENDATIONS**

## **FROM THE NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT**

### **WORKGROUP**

**To: CON Commission**

**From: Marianne Conner, CPA**  
**CON NH HLTCU Workgroup Chair**

**Date: March 16, 2017 CON Commission meeting**

**RE: CON NH HLTCU Workgroup final report and recommendations**

The CON NH HLTCU Workgroup met a total of seven times: July 21, 2016, August 17, 2016, October 13, 2016, November 10, 2016, December 15, 2016, and February 9, 2017

The Workgroup was given eight charges to consider. A sub-group was formed to work on Charges 3 and 4 dealing with Special Populations and High Occupancy. The recommendations of this sub-group were presented at our November 10<sup>th</sup> and agreed to at our December 15<sup>th</sup> meeting by all present. That decision is included in our overall recommendations.

There was excellent participation and discussion in regards to all of the charges given to the workgroup. I am especially grateful for the assistance of Brenda, Beth, Tulika, and Joette from the Department, in providing feedback on not only the workgroup process but how CON practically functions. The participation offered by the State Ombudsman, the provider associations, consultants, and provider representatives gave the group a broad perspective on each of the issues. I learned a tremendous amount about the CON standards by serving on this workgroup, for which I thank all of you.

**CON NH HLTCU Workgroup recommendations and rationales:** Please refer to the Proposed CON Revised Standards from 3/16/2017 edits as highlighted for specific recommended wording.

**Charge 1: Review the criteria for NH-HLTCU replacements and relocation of beds.**

The workgroup wording clarifies that replacements and relocations of beds is not subject to comparative review under the following circumstances as defined in Section 14.

Section 14

Proposed 14(2): Projects reviewed under these standards involving a change in bed capacity shall be subject to comparative review except as follows: (a) replacement of an existing nursing home/HLTCU being replaced in THE REPLACEMENT ZONE; (b) replacement of an existing nursing home/HLTCU PURSUANT TO SECTION 7(3) AND WITHIN THE SAME PLANNING AREA AS THE EXISTING LICENSED SITE.

**Rationale: This wording clarifies that replacements and relocations within the replacement zone and/or under Section 7(3) are not subject to comparative review eliminating confusion in this area. This eliminates the date constraints for filing under comparative review criteria for these projects.**

**Charge 2: Review the criteria concerning lease renewals**

The workgroup reviewed Section 9(3) on renewal of leases to determine if there were ways to relieve the financial burden on the providers of these CON applications while maintaining the Department's desire to review these projects to determine if they still meet current standards. After much discussion and an interpretation from the Attorney General's office on capital projects and the workgroup agreed to not recommend any changes to the current standards at this time. Some members of the workgroup mentioned that they may seek other venues to change the inclusion of lease renewals within CON.

### **Charge 3: Review the threshold for high occupancy provisions**

A sub-group of the workgroup worked on the issues involved in determining today's high occupancy standard and compared to standards provided for other healthcare entities. The recommendations take into account the shorter length of stay nationwide in skilled nursing facilities while requiring dual certification of the high occupancy beds, and the elimination of any wards in existence at an applicant facility.

#### Section 6

Proposed 6(1)(d)(ii) An applicant may request and be approved for up to a maximum of 20 beds if the following requirements are met:

- (A) The applicant facility has experienced an average occupancy rate of 92% FOR THE MOST RECENT 12 CONSECUTIVE MONTHS AND 90% OR ABOVE FOR THE PRIOR 2 MONTHS AS VERIFIABLE BY THE DEPARTMENT AS OF THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT
- (B) THE APPLICANT FACILITY HAS NOT DECREASED THE NUMBER OF LICENSED BEDS WITHIN THE 24 MONTHS PRECEDING THE APPLICATION DATE.
- (C) THE APPLICANT FACILITY SHALL PROPOSE NO MORE THAN TWO BEDS PER RESIDENT ROOM AND SHALL ELIMINATE ALL THREE AND/OR FOUR BED WARDS WITHIN THE EXISTING FACILITY, IF APPLICABLE, AS PART OF THE PROPOSED PROJECT.
- (D) THE APPLICANT FACILITY SHALL CERTIFY THE NEW BEDS FOR BOTH MEDICARE AND MEDICAID.
- (E) THE APPLICANT FACILITY SHALL NOT RELOCATE ANY BEDS FROM THE FACILITY OR REPLACE A PORTION OF BEDS TO A NEW SITE PURSUANT TO SECTION 7(3)(D), FOLLOWING CON APPROVAL AND FOR AT LEAST 24 MONTHS FROM THE DATE OF THE LICENSURE OF THE NEW BEDS AT THE FACILITY.

Existing 6(1)(d)(ii) An exception to the number of beds may be approved, if the applicant facility has experienced an average occupancy rate of 97% for three years based on the CON Annual Survey. The number of beds that may be approved in excess of the bed need for each planning area is set forth in subsection (A).

- (A) The number of beds that may be approved pursuant to this subsection shall be the number of beds necessary to reduce the occupancy rate for the planning area in which the additional beds are proposed to the ADC adjustment factor for that planning area as shown in Appendix C. The number of beds shall be calculated by (1) dividing the actual number of patient days of care provided during the most recent 12-month period for which verifiable data are available to the Department provided by all nursing home (including HLTCU) beds in the planning area, including patient days of care provided in beds approved from the statewide pool of beds and dividing that result by 365 (or 366 for leap years); (2) dividing the result of step (1) by the ADC adjustment factor for the planning area in which the beds are proposed to be added; (3) rounding the result of step (2) up to the next whole number; and (4) subtracting the total number of beds in the planning area including beds approved from the statewide pool of beds

from the result of step (3). If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is equal to or more than 20, the number of beds that may be approved pursuant to this subsection shall be up to that number of beds. If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is less than 20, the number of additional beds that may be approved shall be that number of beds or up to a maximum of 20 beds.

Updates are also made at Section 7(3)(d) and Section 8(1)(f) for consistency on the relocation of beds.

**Rationale: A facility operating at 92% occupancy is a high occupancy facility in this environment of shorter lengths of stay and managed care. Facilities maintaining this level of occupancy that wish to expand should have the opportunity regardless of the overall occupancy of the county in which they are located.**

**Charge 4: Review the special population groups in the addendum**

A subgroup of the workgroup evaluated the current special population groups and determined a current need exists to create additional designated bariatric rooms for a growing long term care population group.

Addendum for Special Population Groups

Section 1

4(a) BARIATRIC PATIENT MEANS A PATIENT WEIGHING OVER 350 POUNDS.

4(b) BARIATRIC ROOM MEANS THE CREATION OF PATIENT ROOM(S) INCLUDED AS PART OF THE CON PROJECT, AND IDENTIFIED ON THE ARCHITECTURAL SCHEMATICS, THAT ARE DESIGNED TO ACCOMMODATE THE NEEDS OF BARIATRIC PATIENTS WEIGHING OVER 350 POUNDS. THE BARIATRIC PATIENT ROOMS SHALL HAVE A LARGER ENTRANCE WIDTH FOR THE ROOM AND BATHROOM TO ACCOMMODATE OVER-SIZED EQUIPMENT, AND SHALL INCLUDE A MINIMUM OF A BARIATRIC BED, BARIATRIC TOILET, BARIATRIC WHEELCHAIR, AND A DEVICE TO ASSIST RESIDENT MOVEMENT (SUCH AS A PORTABLE OR BUILT IN LIFT). IF AN IN-ROOM SHOWER IS NOT INCLUDED IN THE BARIATRIC PATIENT ROOM, THE MAIN/CENTRAL SHOWER ROOM THAT IS LOCATED ON THE SAME FLOOR AS THE BARIATRIC PATIENT ROOM(S) SHALL INCLUDE AT LEAST ONE (1) SHOWER STALL THAT HAS AN OPENING WIDTH AND DEPTH THAT IS LARGER THAN MINIMUM MI CODE REQUIREMENTS.

Section 3

3(1)(a)(iii) BARIATRIC beds will be allocated 60 beds.

3(1)(b)(iv) Hospice beds has 70 beds.

Section 6

Section 6. Requirements for approval for beds from the statewide pool for special population groups allocated to BARIATRIC PATIENTS

Sec. 6. The CON Commission determines there is a need for beds for APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF BARIATRIC PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL NURSING HOME UNIT(S).

(1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the satisfaction of the Department, each of the following:

- (a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.
  - (b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND SEAMLESS INCLUSIVE RESIDENT DESIGN.
  - (c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.
  - (d) THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE DESIGNED TO FACILITATE VISITORS.
  - (e) THE UNIT/BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN PROVIDING CARE.
  - (f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.
  - (g) THE BEDS SHALL BE ESTABLISHED IN EITHER SINGLE OR DOUBLE OCCUPANCY ROOMS, THERE SHALL BE NO ROOMS WITH MORE THAN TWO BEDS.
- (2) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR UTILIZED FOR GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS.
- (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and Medicaid.

#### Section 8

8(6) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO BARIATRIC PATIENTS SHALL MEET THE FOLLOWING:

- (a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.
- (b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND SEAMLESS INCLUSIVE RESIDENT DESIGN.
- (c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.
- (d) THE PHYSICAL 1621 ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE DESIGNED TO FACILITATE VISITORS.
- (e) THE BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN PROVIDING CARE.
- (f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.
- (g) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR UTILIZED AS GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS UNDER THE CON REVIEW STANDARDS.
- (i) All beds approved pursuant to this subsection shall be dually certified for Medicare and Medicaid.

#### Section 9

9(8) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO BARIATRIC PATIENTS SHALL AGREE THAT IF APPROVED:

- (a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.

- (b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND SEAMLESS INCLUSIVE RESIDENT DESIGN.
- (c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.
- (d) THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE DESIGNED TO FACILITATE VISITORS.
- (e) THE BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN PROVIDING CARE.
- (f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.
- (g) THE BEDS SHALL BE ESTABLISHED IN EITHER SINGLE OR DOUBLE OCCUPANCY ROOMS, THERE SHALL BE NO ROOMS WITH MORE THAN TWO BEDS.
- (i) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED FOR MEDICARE AND MEDICAID.

**Rationale: There is a need for more bariatric specific beds in the State and this may encourage providers to provide these special population rooms.**

**Charge 5: Review the bed need formula and data sources**

The workgroup discussed Dr. Delamater's methodology and the issues related to incorrect and late data being provided by providers. The workgroup overall had no changes to the methodology other than to seek consistency in the ADC adjustment factor. Currently, there are two categories, ADC of less than 100 and those at 100 or more. The adjustment factor is currently .90 for less than 100 ADC, and .95 for 100 or more ADC. The group recommends that the factor be the same for all locations.

Section 2

2(b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is divided. The ADC adjustment factor is 0.90 for ALL planning areas.

Section 3

3(2)(e) Divide the ADC DETERMINED IN SUBSECTION (d) by 0.90.

**Rationale: The ADC adjustment should be calculated consistently throughout the State and reflect the overall change in occupancy and lengths of stay.**

**Charge 6: Review quality metrics to determine if they are up-to-date with national NH-HLTCU trends.**

The workgroup reviewed Section 9(1)(f) at the request of the Department to determine if there were further guidance as to the specific quality improvement program an applicant should participate in if needed. The workgroup determine there are currently limited options and feel it should be left to the discretion of the Department. The Workgroup recommends no changes be made to this section of the standards.

**Charge 7: Revise acquisition requirements to reflect a situation where the NH-HLTCU is being acquired by a new entity that does not currently operate a NH-HLTCU.**



The Department requested the workgroup assist in reviewing new language in this area that would assist them in processing applications from new providers.

#### Section 9

9(1)(g) IF THE APPLICANT IS A NEW ENTITY WITH NO PRIOR NH-HLTCU HISTORY, THE APPLICANT SHALL SUBMIT PROOF THAT:

- (i) THE NURSING HOME/HLTCU TO BE ACQUIRED IS NO LONGER LISTED AS A SPECIAL FOCUS NURSING HOME BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES, OR THE APPLICANT SHALL PARTICIPATE IN A QUALITY IMPROVEMENT PROGRAM, APPROVED BY THE DEPARTMENT, FOR FIVE YEARS AND PROVIDE AN ANNUAL REPORT TO THE MICHIGAN STATE LONG-TERM-CARE OMBUDSMAN, BUREAU OF HEALTH CARE SERVICES WITHIN LARA, AND SHALL POST THE ANNUAL REPORT IN THE FACILITY; AND
- (ii) ALL DELINQUENT DEBT OBLIGATIONS TO THE STATE OF MICHIGAN INCLUDING, BUT NOT LIMITED TO, QAAP, PASARR OR CMPs HAVE BEEN PAID.

9(2)(e) IF THE APPLICANT IS A NEW ENTITY WITH NO PRIOR NH-HLTCU HISTORY, THE APPLICANT SHALL SUBMIT PROOF THAT:

- (i) THE NURSING HOME/HLTCU TO BE ACQUIRED IS NO LONGER LISTED AS A SPECIAL FOCUS NURSING HOME BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES, OR THE APPLICANT SHALL PARTICIPATE IN A QUALITY IMPROVEMENT PROGRAM, APPROVED BY THE DEPARTMENT, FOR FIVE YEARS AND PROVIDE AN ANNUAL REPORT TO THE MICHIGAN STATE LONG-TERM-CARE OMBUDSMAN, BUREAU OF HEALTH CARE SERVICES WITHIN LARA, AND SHALL POST THE ANNUAL REPORT IN THE FACILITY; AND
- (ii) ALL DELINQUENT DEBT OBLIGATIONS TO THE STATE OF MICHIGAN INCLUDING, BUT NOT LIMITED TO, QAAP, PASARR OR CMPs HAVE BEEN PAID.

**Rationale: The workgroup finds these recommendations from the Department to be reasonable for new providers in the State.**

#### **Charge 8: Technical changes from the Department**

The Department made numerous changes to the standards for updates including the change in name to Michigan Department of Health and Human Services and for updates in the Public Health Service Act. They also included references to the State of Michigan CON website for reference to eliminate the future need to make these changes.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT (HLTCU) BEDS

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

Sec. 1. (1) These standards are requirements for approval under Part 222 of the Code that involve a) beginning operation of a new nursing home/HLTCU, (b) replacing beds in a nursing home/HLTCU or physically relocating nursing home/HLTCU beds from one licensed site to another geographic location, (c) increasing licensed beds in a nursing home/HLTCU licensed under Part 217 and a HLTCU defined in Section 20106(6), or (d) acquiring a nursing home/HLTCU. Pursuant to the Code, a nursing home/HLTCU is a covered health facility. The Department shall use these standards in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

(2) An increase in licensed nursing home/HLTCU beds is a change in bed capacity for purposes of Part 222 of the Code.

(3) The physical relocation of nursing home/HLTCU beds from a licensed site to another geographic location is a change in bed capacity for purposes of Part 222 of the Code.

Section 2. Definitions

Sec. 2. (1) As used in these standards:

(a) "Acquisition of an existing nursing home/HLTCU" means the issuance of a new nursing home/HLTCU license as the result of the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing licensed and operating nursing home/HLTCU and which does not involve a change in bed capacity of that health facility.

(b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is divided. The ADC adjustment factor is 0.90 for ALL planning areas.

Deleted: For planning areas with an ADC of less than 100, t

(c) "Applicant's cash" means the total unrestricted cash, designated funds, and restricted funds reported by the applicant as the source of funds in the application. If the project includes space lease costs, the applicant's cash includes the contribution designated for the project from the landlord.

Deleted: and

Deleted: with an ADC of 100 or more, the ADC adjustment factor is 0.95

(d) "Base year" means 1987 or the most recent year for which verifiable data collected as part of the Michigan Department of Health AND HUMAN SERVICES Annual Survey of Long-Term-Care Facilities or other comparable MDHHS survey instrument are available.

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(e) "Certificate of Need Commission" or "Commission" means the commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(f) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(g) "Common ownership or control" means a nursing home, regardless of the state in which it is located, that is owned by, is under common control of, or has a common parent as the applicant nursing home pursuant to the definition of common ownership or control utilized by the Department of Licensing and Regulatory Affairs (LARA), Bureau of Health Care Services.

59 (h) "Comparative group" means the applications which have been grouped for the same type of  
 60 project in the same planning area or statewide special pool group and which are being reviewed  
 61 comparatively in accordance with the CON rules.

62 (i) "Converted space" means existing space in a health facility that is not currently licensed as part  
 63 of the nursing home/HLTCU and is proposed to be licensed as nursing home or HLTCU space. An  
 64 example is proposing to license home for the aged space as nursing home space.

65 (j) "Department" means the Michigan Department of **Health AND HUMAN SERVICES (MDHHS)**.

66 (k) "Department inventory of beds" means the current list, for each planning area maintained on a  
 67 continuing basis by the Department: (i) licensed nursing home beds and (ii) nursing home beds approved  
 68 by a valid CON issued under Part 222 of the Code which are not yet licensed. It does not include (a)  
 69 nursing home beds approved from the statewide pool and (b) short-term nursing care program beds  
 70 approved pursuant to Section 22210 of the Code, being Section 333.22210 of the Michigan Compiled  
 71 Laws.

72 (l) "Existing nursing home beds" means, for a specific planning area, the total of all nursing home  
 73 beds located within the planning area including: (i) licensed nursing home beds, (ii) nursing home beds  
 74 approved by a valid CON issued under Part 222 of the Code which are not yet licensed, (iii) proposed  
 75 nursing home beds under appeal from a final Department decision made under Part 222 or pending a  
 76 hearing from a proposed decision issued under Part 222 of the Code, and (iv) proposed nursing home  
 77 beds that are part of a completed application under Part 222 of the Code which is pending final  
 78 Department decision. (a) Nursing home beds approved from the statewide pool are excluded; and (b)  
 79 short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section  
 80 333.22210 of the Michigan Compiled Laws, are excluded.

81 (m) "Health service area" or "HSA" means the geographic area established for a health systems  
 82 **agency pursuant to former Section 1511 of the Public Health Service Act and set forth in APPENDIX A.**

83 (n) "Hospital long-term-care unit" or "HLTCU" means a nursing care facility, owned and operated  
 84 by and as part of a hospital, that provides organized nursing care and medical treatment to seven (7) or  
 85 more unrelated individuals suffering or recovering from illness, injury, or infirmity.

86 (o) "Licensed only facility" means a licensed nursing home that is not certified for Medicare or  
 87 Medicaid.

88 (p) "Licensed site" means the location of the health facility authorized by license and listed on that  
 89 licensee's certificate of licensure.

90 (q) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396 to 1396g  
 91 and 1396i to 1396u.

92 (r) "New design model" means a nursing home/HLTCU built in accordance with specified design  
 93 requirements as identified in the applicable sections.

94 (s) "Nursing home" means a nursing care facility, including a county medical care facility, but  
 95 excluding a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being  
 96 sections 36.1 to 36.12 of the Michigan Compiled Laws, that provides organized nursing care and medical  
 97 treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or  
 98 infirmity. This term applies to the licensee only and not the real property owner if different than the  
 99 licensee.

100 (t) "Nursing home bed" means a bed in a health facility licensed under Part 217 of the Code or a  
 101 licensed bed in a hospital long-term-care unit. The term does not include short-term nursing care  
 102 program beds approved pursuant to Section 22210 of the Code being Section 333.22210 of the Michigan  
 103 Compiled Laws or beds in health facilities listed in Section 22205(2) of the Code, being Section  
 104 333.22205(2) of the Michigan Compiled Laws.

105 (u) "Occupancy rate" means the percentage which expresses the ratio of the actual number of  
 106 patient days of care provided divided by the total number of patient days. Total patient days is calculated  
 107 by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying  
 108 these beds by the number of days that they were licensed and/or CON approved but not yet licensed.  
 109 This shall include nursing home beds approved from the statewide pool. Occupancy rates shall be

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113 calculated using verifiable data from the actual number of patient days of care for 12 continuous months  
 114 of data from the CON Annual Survey or other comparable MDHHS survey instrument.

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115 (v) "Planning area" means the geographic boundaries of each county in Michigan with the  
 116 exception of: (i) Houghton and Keweenaw counties, which are combined to form one planning area and  
 117 (ii) Wayne County which is divided into three planning areas. Section 12 identifies the three planning  
 118 areas in Wayne County and the specific geographic area included in each.

119 (w) "Planning year" means 1990 or the year in the future, at least three (3) years but no more than  
 120 seven (7) years, for which nursing home bed needs are developed. The planning year shall be a year for  
 121 which official population projections, from the Department of Management and Budget or U.S. Census,  
 122 data are available.

123 (x) "Proposed licensed site" means the physical location and address (or legal description of  
 124 property) of the proposed project or within 250 yards of the physical location and address (or legal  
 125 description of property) and within the same planning area of the proposed project that will be authorized  
 126 by license and will be listed on that licensee's certificate of licensure.

127 (y) "Relocation of existing nursing home/HLTCU beds" means a change in the location of existing  
 128 nursing home/HLTCU beds from the licensed site to a different existing licensed site within the planning  
 129 area.

130 (z) "Renewal of lease" means execution of a lease between the licensee and a real property owner  
 131 in which the total lease costs exceed the capital expenditure threshold.

132 (aa) "Replacement bed" means a change in the location of the licensed nursing home/HLTCU, the  
 133 replacement of a portion of the licensed beds at the same licensed site, or the replacement of a portion of  
 134 the licensed beds pursuant to the new model design. The nursing home/HLTCU beds will be in new  
 135 physical plant space being developed in new construction or in newly acquired space (purchase, lease,  
 136 donation, etc.) within the replacement zone.

137 (bb) "Replacement zone" means a proposed licensed site that is,

138 (i) for a rural or micropolitan statistical area county, within the same planning area as the existing  
 139 licensed site.

140 (ii) for a county that is not a rural or micropolitan statistical area county,

141 (A) within the same planning area as the existing licensed site and

142 (B) within a three-mile radius of the existing licensed site.

143 (cc) "Use rate" means the number of nursing home and hospital long-term-care unit days of care  
 144 per 1,000 population during a one-year period.

145  
 146 (2) The definitions in Part 222 of the Code shall apply to these standards.  
 147

### 148 Section 3. Determination of needed nursing home bed supply

149  
 150 Sec. 3 (1)(a) The age specific use rates for the planning year shall be the actual statewide age  
 151 specific nursing home use rates using data from the base year.

152 (b) The age cohorts for each planning area shall be: (i) age 0 - 64 years, (ii) age 65 - 74 years, (iii)  
 153 age 75 - 84 years, and (iv) age 85 and older.

154 (c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5,  
 155 the use rates for the base year PER 1000 POPULATION for each corresponding age cohort, established  
 156 in accord with subsection (1)(b), are POSTED ON THE STATE OF MICHIGAN CON WEB SITE.

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157  
 158 (2) The number of nursing home beds needed in a planning area shall be determined by the  
 159 following formula:

160 (a) Determine the population for the planning year for each separate planning area in the age  
 161 cohorts established in subsection (1)(b).

162 (b) Multiply each population age cohort by the corresponding use rate WHICH IS POSTED ON  
 163 THE STATE OF MICHIGAN CON WEB SITE.

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167 (c) Sum the patient days resulting from the calculations performed in subsection (b). The resultant  
168 figure is the total patient days.

169 (d) Divide the total patient days obtained in subsection (c) by 365 (or 366 for leap years) to obtain  
170 the projected average daily census (ADC).

171 ~~(e) Divide the ADC DETERMINED IN SUBSECTION (d) by 0.90.~~

172 (f) The number determined in subsection (e) represents the number of nursing home beds needed  
173 in a planning area for the planning year.

#### 174 Section 4. Bed need

175  
176  
177 Sec. 4. (1) The bed need numbers shall apply to project applications subject to review under these  
178 standards, except where a specific CON standard states otherwise.

179 (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis.

180  
181  
182 (3) The base year and the planning year that shall be utilized in applying the methodology pursuant  
183 to subsection (2) shall be set according to the most recent data available to the Department.

184 (4) The effective date of the bed need numbers shall be established by the Commission.

185  
186  
187 (5) New bed need numbers established by subsections (2) and (3) shall supersede previous bed  
188 need numbers and shall be posted on the state of Michigan CON web site as part of the Nursing  
189 Home/HLTCU Bed Inventory.

190  
191 (6) Modifications made by the Commission pursuant to this section shall not require standard  
192 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the  
193 Governor in order to become effective.

#### 194 Section 5. Modification of the age specific use rates by changing the base year

195  
196  
197 Sec. 5. (1) The base year shall be modified based on data obtained from the Department and  
198 presented to the Commission. The Department shall calculate use rates for each of the age cohorts set  
199 forth in Section 3(1)(b) and biennially present the revised use rates based on 2006 information, or the  
200 most recent base year information available biennially after 2006, to the CON Commission.

201  
202 (2) The Commission shall establish the effective date of the modifications made pursuant to  
203 subsection (1).

204 (3) Modifications made by the Commission pursuant to subsection (1) shall not require standard  
205 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the  
206 Governor in order to become effective.

#### 207 Section 6. Requirements for approval to increase beds in a planning area

208  
209  
210 Sec. 6. An applicant proposing to increase the number of nursing home beds in a planning area  
211 must meet the following as applicable:

212  
213  
214 (1) An applicant proposing to increase the number of nursing home beds in a planning area by  
215 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing  
216 licensed nursing home/HLTCU shall demonstrate the following:

Deleted: The following shall be known as the ADC adjustment factor. (i) If the ADC determined in subsection (d) is less than 100, d

Deleted: (ii) If the ADC determined in subsection (d) is 100 or greater, divide the ADC by 0.95.

222 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
 223 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
 224 nursing homes/HLTCUs:  
 225

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

226  
 227 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 228 receivership within the last three years, or from the change of ownership date if the facility has come  
 229 under common ownership or control within 24 months of the date of the application.

230 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
 231 facility has come under common ownership or control within 24 months of the date of the application.

232 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
 233 initiated by the Department or licensing and certification agency in another state, within the last three  
 234 years, or from the change of ownership date if the facility has come under common ownership or control  
 235 within 24 months of the date of the application.

236 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and  
 237 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
 238 from the quarter in which the standard survey was completed, in the state in which the nursing  
 239 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all  
 240 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
 241 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
 242 the change of ownership date, shall be excluded.

243 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid  
 244 services.

245 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality  
 246 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review  
 247 (PASARR) or Civil Monetary Penalties (CMP).

248 (b) The applicant certifies that the requirements found in the Minimum Design Standards for Health  
 249 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978,  
 250 as amended and are published by the Department, will be met when the architectural blueprints are  
 251 submitted for review and approval by the Department.

252 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
 253 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
 254 include any unresolved deficiencies still outstanding with LARA.

255 (d) The proposed increase, if approved, will not result in the total number of existing nursing home  
 256 beds in that planning area exceeding the needed nursing home bed supply, unless one of the following is  
 257 met:

258 (i) An applicant may request and be approved for up to a maximum of 20 beds if, when the total  
 259 number of "existing nursing home beds" is subtracted from the bed need for the planning area, the  
 260 difference is equal to or more than 1 and equal to or less than 20. This subsection is not applicable to  
 261 projects seeking approval for beds from the statewide pool of beds.

262 (ii) An applicant may request and be approved for up to a maximum of 20 beds if the following  
 263 requirements are met:

Deleted: An exception to the number of beds may be approved, if the applicant facility has experienced an average occupancy rate of 97% for three years based on the CON Annual Survey. The number of beds that may be approved in excess of the bed need for each planning area is set forth in subsection (A). ¶

(A) The number of beds that may be approved pursuant to this subsection shall be the number of beds necessary to reduce the occupancy rate for the planning area in which the additional beds are proposed to the ADC adjustment factor for that planning area as shown in Appendix C. The number of beds shall be calculated by (1) dividing the actual number of patient days of care provided during the most recent 12-month period for which verifiable data are available to the Department provided by all nursing home (including HLTCU) beds in the planning area, including patient days of care provided in beds approved from the statewide pool of beds and dividing that result by 365 (or 366 for leap years); (2) dividing the result of step (1) by the ADC adjustment factor for the planning area in which the beds are proposed to be added; (3) rounding the result of step (2) up to the next whole number; and (4) subtracting the total number of beds in the planning area including beds approved from the statewide pool of beds from the result of step (3). If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is equal to or more than 20, the number of beds that may be approved pursuant to this subsection shall be up to that number of beds. If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is less than 20, the number of additional beds that may be approved shall be that number of beds or up to a maximum of 20 beds.¶

(ii)

298 (A) The applicant facility has experienced an average occupancy rate of 92% for the most recent  
 299 12 CONSECUTIVE MONTHS AND 90% OR ABOVE FOR THE PRIOR 12 MONTHS AS VERIFIABLE BY  
 300 THE DEPARTMENT AS OF THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT.  
 301 (B) THE APPLICANT FACILITY HAS NOT DECREASED THE NUMBER OF LICENSED BEDS  
 302 WITHIN THE 24 MONTHS PRECEDING THE APPLICATION DATE.  
 303 (C) THE APPLICANT FACILITY SHALL PROPOSE NO MORE THAN TWO BEDS PER  
 304 RESIDENT ROOM AND SHALL ELIMINATE ALL THREE AND/OR FOUR BED WARDS WITHIN THE  
 305 EXISTING FACILITY, IF APPLICABLE, AS PART OF THE PROPOSED PROJECT.  
 306 (D) THE APPLICANT FACILITY SHALL CERTIFY THE NEW BEDS FOR BOTH MEDICARE AND  
 307 MEDICAID.  
 308 (E) THE APPLICANT FACILITY SHALL NOT RELOCATE ANY BEDS FROM THE FACILITY OR  
 309 REPLACE A PORTION OF BEDS TO A NEW SITE PURSUANT TO SECTION 7(3)(d), FOLLOWING  
 310 CON APPROVAL AND FOR AT LEAST 24 MONTHS FROM THE DATE OF THE LICENSURE OF THE  
 311 NEW BEDS AT THE FACILITY.

Deleted: The planning area in which the beds will be located shall have a population density of less than 28 individuals per square mile based on the 2010 U.S. Census figures as set forth in Appendix E.†  
 (B).

Deleted: two years

Deleted: based on the CON Annual Survey

Deleted: HAVE

Deleted: UPON APPROVAL OF HIGH OCCUPANCY BEDS.

312  
 313 (2) An applicant proposing to increase the number of nursing home beds in a planning area by  
 314 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing  
 315 licensed nursing home/HLTCU pursuant to the new design model shall demonstrate the following:  
 316 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
 317 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
 318 nursing homes/HLTCUs:  
 319

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

320  
 321 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 322 receivership within the last three years, or from the change of ownership date if the facility has come  
 323 under common ownership or control within 24 months of the date of the application.  
 324 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
 325 facility has come under common ownership or control within 24 months of the date of the application.  
 326 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
 327 initiated by the Department or licensing and certification agency in another state, within the last three  
 328 years, or from the change of ownership date if the facility has come under common ownership or control  
 329 within 24 months of the date of the application.  
 330 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and  
 331 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
 332 from the quarter in which the standard survey was completed, in the state in which the nursing  
 333 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all  
 334 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
 335 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
 336 the change of ownership date, shall be excluded.  
 337 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid  
 338 Services.

349 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality  
 350 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review  
 351 (PASARR) or Civil Monetary Penalties (CMP).

352 (b) The proposed project results in no more than 100 beds per new design model and meets the  
 353 following design standards:

354 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the  
 355 construction standards shall be those applicable to nursing homes in the document entitled Minimum  
 356 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section  
 357 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any  
 358 future versions.

359 (ii) For small resident housing units of 10 beds or less that are supported by a central support  
 360 inpatient facility, the construction standards shall be those applicable to hospice residences providing an  
 361 inpatient level of care, except that:

362 (A) at least 100% of all resident sleeping rooms shall meet barrier free requirements;

363 (B) electronic nurse call systems shall be required in all facilities;

364 (C) handrails shall be required on both sides of patient corridors; and

365 (D) ceiling heights shall be a minimum of 7 feet 10 inches.

366 (iii) The proposed project shall comply with applicable life safety code requirements and shall be  
 367 fully sprinkled and air conditioned.

368 (iv) The Department may waive construction requirements for new design model projects if  
 369 authorized by law.

370 (c) The proposed project shall include at least 80% single occupancy resident rooms with an  
 371 adjoining toilet room containing a sink, water closet, and bathing facility and serving no more than two  
 372 residents in both the central support inpatient facility and any supported small resident housing units.

373 (d) The proposed increase, if approved, will not result in the total number of existing nursing home  
 374 beds in that planning area exceeding the needed nursing home bed supply, unless the following is met:

375 (i) An approved project involves replacement of a portion of the beds of an existing facility at a  
 376 geographic location within the replacement zone that is not physically connected to the current licensed  
 377 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate  
 378 license shall be issued to the facility at the new location.

379 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
 380 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
 381 include any unresolved deficiencies still outstanding with LARA.

### 382 **Section 7. Requirements for approval to replace beds**

383  
 384 Sec. 7. An applicant proposing to replace beds must meet the following as applicable.

385  
 386 (1) An applicant proposing to replace beds within the replacement zone shall not be required to be  
 387 in compliance with the needed nursing home bed supply if all of the following requirements are met:

388 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
 389 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
 390 nursing homes/HLTCUs:  
 391  
 392

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control



Applicant with fewer than 10 Michigan nursing homes/HLTCUS and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control
--	--

- 393  
394 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
395 receivership within the last three years, or from the change of ownership date if the facility has come  
396 under common ownership or control within 24 months of the date of the application.  
397 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
398 facility has come under common ownership or control within 24 months of the date of the application.  
399 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
400 initiated by the Department or licensing and certification agency in another state, within the last three  
401 years, or from the change of ownership date if the facility has come under common ownership or control  
402 within 24 months of the date of the application.  
403 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and  
404 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
405 from the quarter in which the standard survey was completed, in the state in which the nursing  
406 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all  
407 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
408 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
409 the change of ownership date, shall be excluded.  
410 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid  
411 Services.  
412 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality  
413 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review  
414 (PASARR) or Civil Monetary Penalties (CMP).  
415 (b) The proposed project is either to replace the licensed nursing home/HLTCU to a new proposed  
416 licensed site or replace a portion of the licensed beds at the existing licensed site.  
417 (c) The proposed licensed site is within the replacement zone.  
418 (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health  
419 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978,  
420 as amended and are published by the Department, will be met when the architectural blueprints are  
421 submitted for review and approval by the Department.  
422 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
423 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
424 include any unresolved deficiencies still outstanding with LARA.  
425  
426 (2) An applicant proposing to replace a licensed nursing home/HLTCU outside the replacement  
427 zone shall demonstrate all of the following:  
428 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
429 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
430 nursing homes/HLTCUs:  
431

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

- 432  
433 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
434 receivership within the last three years, or from the change of ownership date if the facility has come  
435 under common ownership or control within 24 months of the date of the application.
- 436 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
437 facility has come under common ownership or control within 24 months of the date of the application.
- 438 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
439 initiated by the Department or licensing and certification agency in another state, within the last three  
440 years, or from the change of ownership date if the facility has come under common ownership or control  
441 within 24 months of the date of the application.
- 442 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and  
443 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
444 from the quarter in which the standard survey was completed, in the state in which the nursing  
445 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all  
446 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
447 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
448 the change of ownership date, shall be excluded.
- 449 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid  
450 Services.
- 451 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality  
452 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review  
453 (PASARR) or Civil Monetary Penalties (CMP).
- 454 (b) The total number of existing nursing home beds in that planning area is equal to or less than  
455 the needed nursing home bed supply.
- 456 (c) The number of beds to be replaced is equal to or less than the number of currently licensed  
457 beds at the nursing home/HLTCU at which the beds proposed for replacement are currently located.
- 458 (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health  
459 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978,  
460 as amended and are published by the Department, will be met when the architectural blueprints are  
461 submitted for review and approval by the Department.
- 462 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
463 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
464 include any unresolved deficiencies still outstanding with LARA.
- 465
- 466 (3) An applicant proposing to replace beds with a new design model shall not be required to be in  
467 compliance with the needed nursing home bed supply if all of the following requirements are met:
- 468 (a) The proposed project results in no more than 100 beds per new design model and meets the  
469 following design standards:
- 470 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the  
471 construction standards shall be those applicable to nursing homes in the document entitled Minimum  
472 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section  
473 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any  
474 future versions.
- 475 (ii) For small resident housing units of 10 beds or less that are supported by a central support  
476 inpatient facility, the construction standards shall be those applicable to hospice residences providing an  
477 inpatient level of care, except that:
- 478 (a) at least 100% of all resident sleeping rooms shall meet barrier free requirements;
- 479 (b) electronic nurse call systems shall be required in all facilities;
- 480 (c) handrails shall be required on both sides of patient corridors; and
- 481 (d) ceiling heights shall be a minimum of 7 feet 10 inches.

482 (iii) The proposed project shall comply with applicable life safety code requirements and shall be  
483 fully sprinkled and air conditioned.

484 (iv) The Department may waive construction requirements for new design model projects if  
485 authorized by law.

486 (b) The proposed project shall include at least 80% single occupancy resident rooms with an  
487 adjoining toilet room containing a sink, water closet, and bathing facility and serving no more than two  
488 residents in both the central support inpatient facility and any supported small resident housing units. If  
489 the proposed project is for replacement/renovation of an existing facility and utilizes only a portion of its  
490 currently licensed beds, the remaining rooms at the existing facility shall not exceed double occupancy.

491 (c) The proposed project shall be within the replacement zone unless the applicant demonstrates  
492 all of the following:

493 (i) the proposed licensed site for the replacement beds is in the same planning area,

494 (ii) the applicant shall provide a signed affidavit or resolution from its governing body or authorized  
495 agent stating that the proposed licensed site will continue to provide service to the same market, and

496 (iii) the current patients of the facility/beds being replaced shall be admitted to the replacement  
497 beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the  
498 replacement facility/beds.

499 (d) An approved project may involve replacement of a portion of the beds of an existing facility at a  
500 geographic location within the replacement zone that is not physically connected to the current licensed  
501 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate  
502 license shall be issued to the facility at the new location. IF BEDS HAVE BEEN ADDED PURSUANT TO  
503 SECTION 6(1)(d)(ii), THEN THE APPLICANT FACILITY SHALL NOT RELOCATE ANY BEDS FROM  
504 THE FACILITY OR REPLACE A PORTION OF BEDS TO A NEW SITE FOLLOWING CON APPROVAL  
505 AND FOR AT LEAST 24 MONTHS FROM THE DATE OF THE LICENSURE OF THE NEW BEDS AT  
506 THE FACILITY.

507 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
508 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
509 include any unresolved deficiencies still outstanding with LARA.

510

#### 511 **Section 8. Requirements for approval to relocate existing nursing home/HLTCU beds**

512

513 Sec. 8. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be  
514 required to be in compliance with the needed nursing home bed supply if all of the following requirements  
515 are met:

516 (a) There shall not be any ownership relationship requirements between the nursing home/HLTCU  
517 from which the beds are being relocated and the nursing home/HLTCU receiving the beds.

518 (b) The relocated beds shall be placed in the same planning area.

519 (c) The relocated beds shall be licensed to the receiving nursing home/HLTCU and will be counted  
520 in the inventory for the applicable planning area.

521 (d) At the time of transfer to the receiving facility, patients in beds to be relocated must be given  
522 the choice of remaining in another bed in the nursing home/HLTCU from which the beds are being  
523 transferred or to the receiving nursing home/HLTCU. Patients shall not be involuntary discharged to  
524 create a vacant bed.

525 (e) Relocation of beds shall not increase the rooms with three (3) or more bed wards in the  
526 receiving facility.

527 (f) IF BEDS HAVE BEEN ADDED PURSUANT TO SECTION 6(1)(d)(ii), THEN THE APPLICANT  
528 FACILITY SHALL NOT RELOCATE ANY BEDS FROM THE FACILITY OR REPLACE A PORTION OF  
529 BEDS TO A NEW SITE FOLLOWING CON APPROVAL AND FOR AT LEAST 24 MONTHS FROM THE  
530 DATE OF THE LICENSURE OF THE NEW BEDS AT THE FACILITY.

531

532 (2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing  
 533 nursing home/HLTCU under subsection (1), shall not be required to be in compliance with the needed  
 534 nursing home bed supply if all of the following requirements are met:

535 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
 536 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
 537 nursing homes/HLTCUs:  
 538

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

539 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 540 receivership within the last three years, or from the change of ownership date if the facility has come  
 541 under common ownership or control within 24 months of the date of the application.

542 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
 543 facility has come under common ownership or control within 24 months of the date of the application.

544 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
 545 initiated by the Department or licensing and certification agency in another state, within the last three  
 546 years, or from the change of ownership date if the facility has come under common ownership or control  
 547 within 24 months of the date of the application.

548 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and  
 549 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
 550 from the quarter in which the standard survey was completed, in the state in which the nursing  
 551 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all  
 552 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
 553 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
 554 the change of ownership date, shall be excluded.

555 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid  
 556 Services.

557 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality  
 558 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review  
 559 (PASARR) or Civil Monetary Penalties (CMP).

560 (b) The approval of the proposed new nursing home/HLTCU beds shall not result in an increase in  
 561 the number of nursing home beds in the planning area.

562 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
 563 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
 564 include any unresolved deficiencies still outstanding with LARA.  
 565

566 **Section 9. Requirements for approval to acquire an existing nursing home/HLTCU or renew the**  
 567 **lease of an existing nursing home/HLTCU**  
 568

569 Sec. 9. An applicant proposing to acquire an existing nursing home/HLTCU or renew the lease of an  
 570 existing nursing home/HLTCU must meet the following as applicable:  
 571  
 572

573 (1) An applicant proposing to acquire an existing nursing home/HLTCU shall not be required to be  
 574 in compliance with the needed nursing home bed supply for the planning area in which the nursing home  
 575 or HLTCU is located if all of the following requirements are met:

576 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
 577 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
 578 nursing homes/HLTCUs:  
 579

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

580 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 581 receivership within the last three years, or from the change of ownership date if the facility has come  
 582 under common ownership or control within 24 months of the date of the application.

583 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
 584 facility has come under common ownership or control within 24 months of the date of the application.

585 (iii) termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
 586 initiated by the Department or licensing and certification agency in another state, within the last three  
 587 years, or from the change of ownership date if the facility has come under common ownership or control  
 588 within 24 months of the date of the application.

589 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and  
 590 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
 591 from the quarter in which the standard survey was completed, in the state in which the nursing  
 592 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all  
 593 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
 594 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
 595 the change of ownership date, shall be excluded.

596 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid  
 597 Services.

598 (vi) Delinquent debt obligation to the state of Michigan including, but not limited to, quality  
 599 assurance assessment program (QAAP), Preadmission Screening and Annual Resident Review  
 600 (PASARR) or civil monetary penalties (CMP).

601 (b) The acquisition will not result in a change in bed capacity.

602 (c) The licensed site does not change as a result of the acquisition.

603 (d) The project is limited solely to the acquisition of a nursing home/HLTCU with a valid license.

604 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
 605 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
 606 include any unresolved deficiencies still outstanding with the Department, and

607 (f) The applicant shall participate in a quality improvement program, approved by the Department,  
 608 for five years and provide an annual report to the Michigan State Long-Term-Care Ombudsman, Bureau  
 609 of Health Care Services within LARA, and shall post the annual report in the facility if the facility being  
 610 acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).

611 (g) IF THE APPLICANT IS A NEW ENTITY WITH NO PRIOR NH-HLTCU HISTORY, THE  
 612 APPLICANT SHALL SUBMIT PROOF THAT:  
 613

614 (i) THE NURSING HOME/HLTCU TO BE ACQUIRED IS NO LONGER LISTED AS A SPECIAL  
 615 FOCUS NURSING HOME BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES, OR THE  
 616 APPLICANT SHALL PARTICIPATE IN A QUALITY IMPROVEMENT PROGRAM, APPROVED BY THE  
 617 DEPARTMENT, FOR FIVE YEARS AND PROVIDE AN ANNUAL REPORT TO THE MICHIGAN STATE  
 618 LONG-TERM-CARE OMBUDSMAN, BUREAU OF HEALTH CARE SERVICES WITHIN LARA, AND  
 619 SHALL POST THE ANNUAL REPORT IN THE FACILITY; AND

620 (ii) ALL DELINQUENT DEBT OBLIGATIONS TO THE STATE OF MICHIGAN INCLUDING, BUT  
 621 NOT LIMITED TO, QAAP, PASARR OR CMPs HAVE BEEN PAID.

622  
 623 (2) An applicant proposing to acquire an existing nursing home/HLTCU approved pursuant to the  
 624 new design model shall demonstrate the following:

625 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
 626 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
 627 nursing homes/HLTCUs:  
 628

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

629  
 630 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 631 receivership within the last three years, or from the change of ownership date if the facility has come  
 632 under common ownership or control within 24 months of the date of the application.

633 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
 634 facility has come under common ownership or control within 24 months of the date of the application.

635 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
 636 initiated by the Department or licensing and certification agency in another state, within the last three  
 637 years, or from the change of ownership date if the facility has come under common ownership or control  
 638 within 24 months of the date of the application.

639 (iv) A number of citations at level D or above, excluding life safety code citations, on the scope and  
 640 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
 641 from the quarter in which the standard survey was completed, in the state in which the nursing  
 642 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all  
 643 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
 644 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
 645 the change of ownership date, shall be excluded.

646 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid  
 647 Services.

648 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality  
 649 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review  
 650 (PASARR) or Civil Monetary Penalties (CMP).

651 (b) An applicant will continue to operate the existing nursing home/HLTCU pursuant to the new  
 652 design model requirements.

653 (c) The applicant shall participate in a quality improvement program, approved by the Department,  
 654 for five years and provide an annual report to the Michigan State Long-Term-Care Ombudsman, Bureau

655 of Health of Health Care Services within LARA, and shall post the annual report in the facility if the facility  
656 being acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).

657 (d) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
658 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
659 include any unresolved deficiencies still outstanding with LARA.

660 (e) IF THE APPLICANT IS A NEW ENTITY WITH NO PRIOR NH-HLTCU HISTORY, THE  
661 APPLICANT SHALL SUBMIT PROOF THAT:

662 (i) THE NURSING HOME/HLTCU TO BE ACQUIRED IS NO LONGER LISTED AS A SPECIAL  
663 FOCUS NURSING HOME BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES, OR THE  
664 APPLICANT SHALL PARTICIPATE IN A QUALITY IMPROVEMENT PROGRAM, APPROVED BY THE  
665 DEPARTMENT, FOR FIVE YEARS AND PROVIDE AN ANNUAL REPORT TO THE MICHIGAN STATE  
666 LONG-TERM-CARE OMBUDSMAN, BUREAU OF HEALTH CARE SERVICES WITHIN LARA, AND  
667 SHALL POST THE ANNUAL REPORT IN THE FACILITY; AND

668 (ii) ALL DELINQUENT DEBT OBLIGATIONS TO THE STATE OF MICHIGAN INCLUDING, BUT  
669 NOT LIMITED TO, QAAP, PASARR OR CMPs HAVE BEEN PAID.

670  
671 (3) An applicant proposing to renew the lease for an existing nursing home/HLTCU shall not be  
672 required to be in compliance with the needed nursing home bed supply for the planning area in which the  
673 nursing home/HLTCU is located, if all of the following requirements are met:

674 (a) The lease renewal will not result in a change in bed capacity.

675 (b) The licensed site does not change as a result of the lease renewal.

676 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
677 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies  
678 include any unresolved deficiencies still outstanding with LARA.

679  
680 **Section 10. Review standards for comparative review**

681  
682 Sec. 10. (1) Any application subject to comparative review, under Section 22229 of the Code, being  
683 Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and  
684 reviewed comparatively with other applications in accordance with the CON rules.

685  
686 (2) The degree to which each application in a comparative group meets the criterion set forth in  
687 Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws, shall be  
688 determined based on the sum of points awarded under subsections (a) and (b).

689 (a) A qualifying project will be awarded points as follows:

690 (i) For an existing nursing home/HLTCU, the current percentage of patient days of care  
691 reimbursed by Medicaid for the most recent 12 months of operation.

692 (ii) For a new nursing home/HLTCU, the proposed percentage of patient days of care to be  
693 reimbursed by Medicaid in the second 12 months of operation following project completion.

694

Percentage of Medicaid Patient Days (calculated using total patient days for all existing and proposed beds at the facility)	Points Awarded	
	Existing	Proposed
50 – 69%	4	3
70 – 100%	8	7

695  
696 (b) A qualifying project will be awarded 10 points if all beds in the proposed project will be dually  
697 certified for both Medicare and Medicaid services by the second 12 months of operation.

698  
699 (3) A qualifying project will have 15 points deducted if the applicant has any of the following at the  
700 time the application is submitted:

- 701 (a) has been a special focus nursing home/HLTCU within the last three (3) years;  
 702 (b) has had more than eight (8) substandard quality of care citations; immediate harm citations,  
 703 and/or immediate jeopardy citations in the three (3) most recent standard survey cycles (includes  
 704 intervening abbreviated surveys, standard surveys, and revisits);  
 705 (c) has had an involuntary termination or voluntary termination at the threat of a medical  
 706 assistance provider enrollment and trading partner agreement within the last three (3) years;  
 707 (d) has had a state enforcement action resulting in a reduction in license capacity or a ban on  
 708 admissions within the last three (3) years; or  
 709 (e) has any delinquent debt obligation to the state of Michigan including, but not limited to, quality  
 710 assurance assessment program (QAAP), civil monetary penalties (CMP), Medicaid level of care  
 711 determination (LOCD), or preadmission screening and annual resident review (PASARR).  
 712  
 713 (4) A qualifying project will be awarded three (3) points if the applicant provides documentation that  
 714 it participates or if it proposes to participate in a culture change model, which contains person centered  
 715 care, ongoing staff training, and measurements of outcomes. An additional five (5) points will be awarded  
 716 if the culture change model, either currently used or proposed, is a model approved by the Department.  
 717  
 718 (5) A qualifying project will be awarded points based on the proposed percentage of the  
 719 "Applicant's cash" to be applied toward funding the total proposed project cost as follows:  
 720

Percentage "Applicant's Cash"	Points Awarded
Over 20%	5
10 – 20%	3
5 – 9%	2

- 721  
 722 (6) A qualifying project will be awarded four (4) points if the entire existing and proposed nursing  
 723 home/HLTCU is fully equipped with air conditioning. Fully equipped with air conditioning means meeting  
 724 the design temperatures in table 6b of the minimum design standards for health care facilities in Michigan  
 725 and capable of maintaining a temperature of 71 – 81 degrees for the resident unit corridors.  
 726  
 727 (7) A qualifying project will be awarded six (6) or four (4) points based on only one of the following:  
 728 (a) Six (6) points if the proposed project has 100% rooms with dedicated toilet room containing a  
 729 sink, water closet, and bathing facility or  
 730 (b) Four (4) points if the proposed project has 80% private rooms with dedicated toilet room  
 731 containing a sink, water closet and bathing facility.  
 732  
 733 (8) A qualifying project will be awarded 10 points if it results in a nursing home/HLTCU with 150 or  
 734 fewer beds in total.  
 735  
 736 (9) A qualifying project will be awarded five (5) points if the proposed beds will be housed in new  
 737 construction.  
 738  
 739 (10) A qualifying project will be awarded 10 points if the entire existing nursing home/HLTCU and its  
 740 proposed project will have no more than double occupancy rooms at completion of the project.  
 741  
 742 (11) A qualifying project will be awarded two (2) points if the existing or proposed nursing  
 743 home/HLTCU is on or readily accessible to an existing or proposed public transportation route.  
 744  
 745 (12) A qualifying project will be awarded points for technological innovation as follows:  
 746



INNOVATIONS	Points Awarded
The proposed project will have wireless nurse call/paging system including wireless devices carried by direct care staff	1
Wireless internet with resident access to related equipment/device in entire facility	1
An integrated electronic medical records system with point-of-service access capability (including wireless devices) for all disciplines including pharmacy, physician, nursing, and therapy services at the entire existing and proposed nursing home/HLTCU	4
The proposed project will have a backup generator supporting all functions with an on-site or piped-in fuel supply and be capable of providing at least 48 hours of service at full load	4

747  
748 (13) A qualifying project will be awarded three (3) points if the proposed project includes bariatric  
749 rooms as follows: project using 0 – 49 beds will result in at least one (1) bariatric room or project using 50  
750 or more beds will result in at least two (2) bariatric rooms. Bariatric room means the creation of patient  
751 room(s) included as part of the CON project, and identified on the architectural schematics, that are  
752 designed to accommodate the needs of bariatric patients weighing over 350 pounds. The bariatric patient  
753 rooms shall have a larger ENTRANCE WIDTH FOR THE ROOM and bathroom to accommodate over-  
754 sized equipment, and shall include a minimum of a bariatric bed, bariatric toilet, bariatric wheelchair, and  
755 a device to assist resident movement (such as a portable or build in lift). If an in-room shower is not  
756 included in the bariatric patient room, the main/central shower room that is located on the same floor as  
757 the bariatric patient room(s) shall include at least one (1) shower stall that has an opening width and  
758 depth that is larger than minimum MI code requirements.

759  
760 (14) Submission of conflicting information in this section may result in a lower point award. If an  
761 application contains conflicting information which could result in a different point value being awarded in  
762 this section, the Department will award points based on the lower point value that could be awarded from  
763 the conflicting information. For example, if submitted information would result in 6 points being awarded,  
764 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If  
765 the conflicting information does not affect the point value, the Department will award points accordingly.  
766 For example, if submitted information would result in 12 points being awarded and other conflicting  
767 information would also result in 12 points being awarded, then 12 points will be awarded.

768  
769 (15) The Department shall approve those qualifying projects which, when taken together, do not  
770 exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan  
771 Compiled Laws, and which have the highest number of points when the results of subsections (2) through  
772 (12) are totaled. If two or more qualifying projects are determined to have an identical number of points,  
773 then the Department shall approve those qualifying projects which, when taken together, do not exceed  
774 the need, as defined in Section 22225(1), in the order in which the applications were received by the  
775 Department, based on the date and time stamp on the application when the application is filed.

776  
777 **Section 11. Project delivery requirements and terms of approval**

778  
779 Sec. 11. An applicant shall agree that, if approved, the nursing home/HLTCU services shall be  
780 delivered in compliance with the following terms of approval:  
781

CON Review Standards for Nursing Home and HLTCU Beds  
For Proposed Action 3-16-17 Commission Meeting  
HIGHLIGHTED Text – Proposed edits

CON-217  
Page 16 of 34

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785 (1) Compliance with these standards, including the requirements of Section 10. If an applicant is  
 786 awarded beds pursuant to Section 10 and representations made in that section, the Department shall  
 787 monitor compliance with those statements and representations and shall determine actions for non-  
 788 compliance.

789 (2) Compliance with the following applicable quality assurance standards:

790 (a) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's  
 791 actual Medicaid participation within the time periods specified in these standards. Compliance with  
 792 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's  
 793 actual patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable  
 794 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative  
 795 review process. If any of the following occurs, an applicant shall be required to be in compliance with the  
 796 range in the schedule immediately below the range for which points had been awarded in Section  
 797 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in  
 798 order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid  
 800 recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between  
 801 the second 12 months of operation after project completion and the most recent 12-month period for  
 802 which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement  
 803 to the applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs  
 804 as defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security  
 805 Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's  
 806 patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed  
 807 nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days  
 808 reimbursed by Medicaid for the most recent year for which data are available from the Michigan  
 809 Department of **Health AND HUMAN SERVICES** [subsection (iii) is applicable only to Section 10(2)(a)]. If  
 810 evaluating subsection (ii), the Department shall rely on both the annual inflation index and the actual rate  
 811 increases in per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing  
 812 homes/HLTCUs in the HSA.

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813 (b) For projects involving the acquisition of a nursing home/HLTCU, the applicant shall agree to  
 814 maintain the nursing home's/HLTCU's level of Medicaid participation (patient days and new admissions)  
 815 for the time periods specified in these standards, within the ranges set forth in Section 10(2)(a) for which  
 816 the seller or other previous owner/lessee had been awarded points in a comparative review.

817 (c) For projects involving replacement of an existing nursing home/HLTCU, the current patients of  
 818 the facility/beds being replaced shall be admitted to the replacement beds when the replacement beds  
 819 are licensed, to the extent that those patients desire to transfer to the replacement facility/beds.

820 (d) The applicant will assure compliance with Section 20201 of the Code, being Section 333.20201  
 821 of the Michigan Compiled Laws.

822 (3) Compliance with the following access to care requirements:

823 (a) The applicant, to assure appropriate utilization by all segments of the Michigan population,  
 824 shall:

- 825 (i) not deny services to any individual based on payor source.
- 826 (ii) maintain information by source of payment to indicate the volume of care from each payor and  
 827 non-payor source provided annually.
- 828 (iii) provide services to any individual based on clinical indications of need for the services.

829 (4) Compliance with the following monitoring and reporting requirements:

830 (a) The applicant shall participate in a data collection network established and administered by the  
 831 Department or its designee. The data may include, but is not limited to, annual budget and cost  
 832 information; operating schedules; and demographic, diagnostic, morbidity, and mortality information, as  
 833 well as the volume of care provided to patients from all payor sources. The applicant shall provide the  
 834  
 835

837 required data on an individual basis for each licensed site, in a format established by the Department, and  
838 in a mutually agreed upon media. The Department may elect to verify the data through on-site review of  
839 appropriate records.

840 (b) The applicant shall provide the Department with timely notice of the proposed project  
841 implementation consistent with applicable statute and promulgated rules.

842  
843 (5) An applicant shall agree that, if approved, and material discrepancies are later determined  
844 within the reporting of the ownership and citation history of the applicant facility and all nursing homes  
845 under common ownership and control that would have resulted in a denial of the application, shall  
846 surrender the CON. This does not preclude an applicant from reapplying with corrected information at a  
847 later date.

848  
849 (6) The agreements and assurances required by this section shall be in the form of a certification  
850 agreed to by the applicant or its authorized agent.

851 **Section 12. Department inventory of beds**

852  
853  
854 Sec. 12. The Department shall maintain a listing of the Department Inventory of Beds for each  
855 planning area.

856  
857 **Section 13. Wayne County planning areas**

858  
859 Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are  
860 assigned to the planning areas as follows:

861 Planning Area 84/Northwest Wayne

862  
863 Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville  
864 Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland

865  
866 Planning area 85/Southwest Wayne

867  
868 Allen Park, Belleville, Brownstown Township, Ecorse, Flat Rock, Gibraltar, Grosse Ile Township, Huron  
869 Township, Lincoln Park, Melvindale, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter  
870 Township, Taylor, Trenton, Van Buren Township, Woodhaven, Wyandotte

871  
872 Planning area 86/Detroit

873  
874  
875 Detroit, Grosse Pointe, Grosse Pointe Township, Grosse Pointe Farms, Grosse Pointe Park, Grosse  
876 Pointe Woods, Hamtramck, Harper Woods, Highland Park

877  
878 **Section 14. Effect on prior CON review standards, comparative reviews**

879  
880 Sec. 14. (1) These CON review standards supersede and replace the CON Standards for Nursing  
881 Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on  
882 **December 11, 2014 and effective on March 20, 2015.**

883  
884 (2) Projects reviewed under these standards involving a change in bed capacity shall be subject to  
885 comparative review except as follows:

886 (a) replacement of an existing nursing home/HLTCU being replaced in **THE REPLACEMENT**  
887 **ZONE;**

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- 893 (b) replacement of an existing nursing home/HLTCU **PURSUANT TO SECTION 7(3) AND**  
894 **WITHIN THE SAME PLANNING AREA AS THE EXISTING LICENSED SITE;**  
895 (c) relocation of existing nursing home/HLTCU beds; or  
896 (d) an increase in beds pursuant to Section 6(1)(d)(ii).  
897  
898 (3) Projects reviewed under these standards that relate solely to the acquisition of an existing  
899 nursing home/HLTCU or the renewal of a lease shall not be subject to comparative review.  
900  
901

Deleted: in a micropolitan or metropolitan statistical area county that is within two miles of the existing nursing home/HLTCU

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906 **APPENDIX A**

907 Counties assigned to each of the HSAs are as follows:

909	HSA	COUNTIES		
910				
911	1	Livingston	Monroe	St. Clair
912		Macomb	Oakland	Washtenaw
913		Wayne		
914				
915	2	Clinton	Hillsdale	Jackson
916		Eaton	Ingham	Lenawee
917				
918	3	Barry	Calhoun	St. Joseph
919		Berrien	Cass	Van Buren
920		Branch	Kalamazoo	
921				
922	4	Allegan	Mason	Newaygo
923		Ionia	Mecosta	Oceana
924		Kent	Montcalm	Osceola
925		Lake	Muskegon	Ottawa
926				
927	5	Genesee	Lapeer	Shiawassee
928				
929	6	Arenac	Huron	Roscommon
930		Bay	Iosco	Saginaw
931		Clare	Isabella	Sanilac
932		Gladwin	Midland	Tuscola
933		Gratiot	Ogemaw	
934				
935	7	Alcona	Crawford	Missaukee
936		Alpena	Emmet	Montmorency
937		Antrim	Gd Traverse	Oscoda
938		Benzie	Kalkaska	Otsego
939		Charlevoix	Leelanau	Presque Isle
940		Cheboygan	Manistee	Wexford
941				
942	8	Alger	Gogebic	Mackinac
943		Baraga	Houghton	Marquette
944		Chippewa	Iron	Menominee
945		Delta	Keweenaw	Ontonagon
946		Dickinson	Luce	Schoolcraft
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**Deleted: - CON REVIEW STANDARDS  
FOR NURSING HOME AND HOSPITAL LONG-TERM-  
CARE UNIT BEDS**

The use rate per 1000 population for each age cohort, for purposes of these standards, effective **August MARCH 16, 20132016**, and until otherwise changed by the Commission, is as follows.

- (i) Age 0 - 64: **200 195** days of care
- (ii) Age 65 - 74: **2,6382,380** days of care
- (iii) Age 75 - 84: **9,3798,091** days of care
- (iv) Age 85 +: **34,00929,408** days of care

974

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**CON REVIEW STANDARDS**  
**FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS**

The ADC adjustment factor, for purposes of these standards, effective August 1, 2013, and until otherwise changed by the Commission, are as follows:

ADC Adjustment	Planning Area	Factor
0.90	Alcona	0.90
0.90	Alger	0.90
0.95	Allegan	0.95
0.95	Alpena	0.95
0.95	Antrim	0.95
0.90	Arenac	0.90
0.90	Baraga	0.90
0.95	Barry	0.95
0.95	Bay	0.95
0.95	Benzie	0.95
0.95	Berrien	0.95
0.95	Branch	0.95
0.95	Calhoun	0.95
0.95	Cass	0.95
0.95	Charlevoix	0.95
0.95	Cheboygan	0.95
0.95	Chippewa	0.95
0.95	Clare	0.95
0.95	Clinton	0.95
0.90	Crawford	0.90
0.95	Delta	0.95
0.95	Dickinson	0.95
0.95	Eaton	0.95
0.95	Emmet	0.95
0.95	Genesee	0.95
0.95	Gladwin	0.95
0.95	Gogebic	0.95
0.95	Gd. Traverse	0.95
0.95	Griot	0.95
0.95	Hillsdale	0.95
0.95	Houghton/Keweenaw	0.95
0.95	Huron	0.95

Section Break (Next Page)

**APPENDIX C - continued**  
**APPENDIX C - continued**

ADC Adjustment	Planning Area	Factor
0.95	Ingham	0.95
0.95	Ionia	0.95
0.95	Iosco	0.95
0.90	Iron	0.90

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Rural Michigan counties are as follows:

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)  
Statistical Policy Office  
Office of Information and Regulatory Affairs  
United States Office of Management and Budget

**APPENDIX B**

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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

CON REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS --ADDENDUM FOR SPECIAL POPULATION GROUPS

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability; definitions

Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds and shall be used for determining the need for projects established to better meet the needs of special population groups within the long-term care and nursing home populations.

(2) Except as provided in sections 2, 3, 4, 5, 6, 7, and 8 of this addendum, these standards supplement, and do not supersede, the requirements and terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.

(3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds shall apply to these standards.

(4) For purposes of this addendum, the following terms are defined:

(a) "BARIATRIC PATIENT" MEANS A PATIENT WEIGHTING OVER 350 POUNDS.

(b) "BARIATRIC ROOM" MEANS THE CREATION OF PATIENT ROOM(S) INCLUDED AS PART OF THE CON PROJECT, AND IDENTIFIED ON THE ARCHITECTURAL SCHEMATICS, THAT ARE DESIGNED TO ACCOMMODATE THE NEEDS OF BARIATRIC PATIENTS WEIGHING OVER 350 POUNDS. THE BARIATRIC PATIENT ROOMS SHALL HAVE A LARGER ENTRANCE WIDTH FOR THE ROOM AND BATHROOM TO ACCOMMODATE OVER-SIZED EQUIPMENT, AND SHALL INCLUDE A MINIMUM OF A BARIATRIC BED, BARIATRIC TOILET, BARIATRIC WHEELCHAIR, AND A DEVICE TO ASSIST RESIDENT MOVEMENT (SUCH AS A PORTABLE OR BUILD IN LIFT). IF AN IN-ROOM SHOWER IS NOT INCLUDED IN THE BARIATRIC PATIENT ROOM, THE MAIN/CENTRAL SHOWER ROOM THAT IS LOCATED ON THE SAME FLOOR AS THE BARIATRIC PATIENT ROOM(S) SHALL INCLUDE AT LEAST ONE (1) SHOWER STALL THAT HAS AN OPENING WIDTH AND DEPTH THAT IS LARGER THAN MINIMUM MI CODE REQUIREMENTS.

(c) "Behavioral patient" means an individual that exhibits a history of chronic behavior management problems such as aggressive behavior that puts self or others at risk for harm, or an altered state of consciousness, including paranoia, delusions, and acute confusion.

(d) "Infection control program," means a program that will reduce the risk of the introduction of communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread of a communicable disease.

(e) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

(f) "Private residence", means a setting other than a licensed hospital; or a nursing home including a nursing home or part of a nursing home approved pursuant to Section 6.

(g) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a

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CON REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS
Michigan nursing home planning areas with a population density of less than 28 individuals per square mile based on 2010 U.S. Census figures.
Population Density Planning Area Per Square Mile
Ontonagon 5.11
Schoolcraft 6.95
Luce 7.16
Baraga 9.67
Iron 9.76
Alger 10.25
Mackinac 10.45
Gogebic 14.35
Oscoda 15.12
Alcona 15.76
Montmorency 17.36
Presque Isle 19.53
Lake 20.11
Chippewa 21.29
Menominee 22.86
Houghton/Keweenaw 24.17
Crawford 25.00
Missaukee 25.90
Source: Michigan Department of Management and Budget and The U.S. Bureau of the Census
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Deleted: (b) "Hospice" means a health care program licensed under Part 214 of the Code, being Section 333.21401 et seq.
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degenerative or congenital nature. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial adjustment.

(h) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory assistance.

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**Section 2. Requirements for approval -- applicants proposing to increase nursing home beds -- special use exceptions**

Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would otherwise cause the total number of nursing home beds in that planning area to exceed the needed nursing home bed supply or cause an increase in an existing excess as determined under the applicable CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be approved pursuant to this addendum.

**Section 3. Statewide pool for the needs of special population groups within the long-term care and nursing home populations**

Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is established to better meet the needs of special population groups within the long-term care and nursing home populations. Beds in the pool shall be allocated as follows:

(a) These categories shall be allocated 1,039 beds and distributed as follows and shall be reduced/redistributed in accordance with subsection (c):

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- (i) TBI/SCI beds will be allocated 400 beds.
- (ii) Behavioral beds will be allocated 400 beds.
- (iii) BARIATRIC beds will be allocated 60 beds.
- (iv) Ventilator-dependent beds will be allocated 179 beds.

Deleted: Hospice

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(b) The following historical categories have been allocated 919 beds. Additional beds shall not be allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be eliminated and not be returned to the statewide pool for special population groups.

- (i) Alzheimer's disease has 384 beds.
- (ii) Health care needs for skilled nursing care has 173 beds.
- (iii) Religious has 292 beds.
- (iv) Hospice beds has 70 beds.

Deleted: The number of beds set aside from the total statewide pool established for categories in subsection (1)(a) for a special population group shall be reduced if there has been no CON activity for that special population group during at least 6 consecutive application periods. ¶

(i) The number of beds in a special population group shall be reduced to the total number of beds for which a valid CON has been issued for that special population group. ¶

(ii) The number of beds reduced from a special population group pursuant to this subsection shall revert to the total statewide pool established for categories in subsection (1)(a). ¶

(iii) The Department shall notify the Commission of the date when action to reduce the number of beds set aside for a special population group has become effective and shall identify the number of beds that reverted to the total statewide pool established for categories in subsection (1)(a). ¶

(iv) For purposes of this subsection, "application period" means the period of time from one designated application date to the next subsequent designated application date. ¶

(v) For purposes of this subsection, "CON activity" means one or more of the following: ¶

(A) CON applications for beds for a special population group have been submitted to the Department for which either a proposed or final decision has not yet been issued by the Department. ¶

(B) Administrative hearings or appeals to court of decisions issued on CON applications for beds for a special population group are pending resolution. ¶

(C) An approved CON for beds for each special population group has expired for lack of appropriate action by an applicant to implement an approved CON.

(c) THE COMMISSION MAY ADJUST/REDISTRIBUTE THE NUMBER OF BEDS AVAILABLE IN THE STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS IN SUBSECTION (1)(a) CONCURRENT WITH THE BIENNIAL RECALCULATION OF THE STATEWIDE NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BED NEED. MODIFYING THE NUMBER OF BEDS AVAILABLE IN THE STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS IN SUBSECTION (1)(a) PURSUANT TO THIS SECTION SHALL NOT REQUIRE A PUBLIC HEARING OR SUBMITTAL OF THE STANDARD TO THE LEGISLATURE AND THE GOVERNOR IN ORDER TO BECOME EFFECTIVE.

(d) By setting aside these beds from the total statewide pool, the Commission's action applies only to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or other health care settings in compliance with applicable statutory or certification requirements.

(2) Increases in nursing home beds approved under this addendum for special population groups shall not cause planning areas currently showing an unmet bed need to have that need reduced or planning areas showing a current surplus of beds to have that surplus increased.

1367 **Section 4. Requirements for approval for beds from the statewide pool for special population**  
 1368 **groups allocated to TBI/SCI patients**  
 1369

1370 Sec. 4. The CON Commission determines there is a need for beds for applications designed to  
 1371 determine the efficiency and effectiveness of specialized programs for the care and treatment of TBI/SCI  
 1372 patients as compared to serving these needs in general nursing home unit(s).  
 1373

1374 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
 1375 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the  
 1376 satisfaction of the Department each of the following:

1377 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At  
 1378 the time an application is submitted, the applicant shall demonstrate that it operates:

1379 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI  
 1380 patients; and

1381 (ii) A transitional living program or contracts with an organization that operates a transitional living  
 1382 program and rehabilitative care for TBI/SCI patients.

1383 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential  
 1384 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-  
 1385 recognized accreditation organization for rehabilitative care and services.

1386 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another  
 1387 nationally-recognized accreditation organization for the nursing home beds proposed under this  
 1388 subsection.

1389 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated  
 1390 under this subsection that provides for:

1391 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1392 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of  
 1393 TBI/SCI patients.

1394 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised  
 1395 activity.

1396 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for  
 1397 TBI/SCI patients of various ages.

1398 (2) Beds approved under this subsection shall not be converted to **OR UTILIZED AS** general  
 1399 nursing home use without a CON for nursing home and hospital long-term care unit beds under the CON  
 1400 review standards for nursing home and hospital long-term care unit beds and shall not be offered to  
 1401 individuals other than TBI/SCI patients.  
 1402

1403 **Section 5. Requirements for approval for beds from the statewide pool for special population**  
 1404 **groups allocated to behavioral patients**  
 1405

1406 Sec. 5. The CON Commission determines there is a need for beds for applications designed to  
 1407 determine the efficiency and effectiveness of specialized programs for the care and treatment of  
 1408 behavioral patients as compared to serving these needs in general nursing home unit(s).  
 1409

1410 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
 1411 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the  
 1412 satisfaction of the Department each of the following:

1413 (a) Individual units shall consist of 20 beds or less per unit.

1414 (b) The facility shall not be awarded more than 40 beds.

1415 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised  
 1416 activity.

1417 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely  
 1418 for the use of the behavioral patients.

1419 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to  
1420 promote visual and spatial orientation.  
1421 (f) Staff will be specially trained in treatment of behavioral patients.  
1422

1423 (2) Beds approved under this subsection shall not be converted to **OR UTILIZED AS** general  
1424 nursing home use without a CON for nursing home and hospital long-term care unit beds under the CON  
1425 Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.  
1426

1427 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1428 Medicaid.  
1429

1430 **Section 6. Requirements for approval for beds from the statewide pool for special population**  
1431 **groups allocated to BARIATRIC PATIENTS**

1432 **Sec. 6. The CON Commission determines there is a need for beds for APPLICATIONS DESIGNED**  
1433 **TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF SPECIALIZED PROGRAMS FOR THE**  
1434 **CARE AND TREATMENT OF BARIATRIC PATIENTS AS COMPARED TO SERVING THESE NEEDS IN**  
1435 **GENERAL NURSING HOME UNIT(S).**  
1436

1437 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1438 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the  
1439 satisfaction of the Department, each of the following:  
1440

- 1441 (a) **THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.**
- 1442 (b) **THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND**  
1443 **SEAMLESS INCLUSIVE RESIDENT DESIGN.**
- 1444 (c) **THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR**  
1445 **INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.**
- 1446 (d) **THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE**  
1447 **DESIGNED TO FACILITATE VISITORS.**
- 1448 (e) **THE UNIT/BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN**  
1449 **PROVIDING CARE.**
- 1450 (f) **THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS**  
1451 **WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.**
- 1452 (g) **THE BEDS SHALL BE ESTABLISHED IN EITHER SINGLE OR DOUBLE OCCUPANCY**  
1453 **ROOMS, THERE SHALL BE NO ROOMS WITH MORE THAN TWO BEDS.**

1454 (2) **BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR**  
1455 **UTILIZED FOR GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND**  
1456 **HOSPITAL LONG-TERM CARE UNIT BEDS.**  
1457

1458 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1459 Medicaid.  
1460

1461 **Section 7. Requirements for approval for beds from the statewide pool for special population**  
1462 **groups allocated to ventilator-dependent patients**

1463 **Sec. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients**  
1464 **within the long-term care and nursing home populations**  
1465

1466 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1467 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the  
1468 satisfaction of the Department, each of the following:  
1469

1470 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed  
1471 nursing home beds.

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- Deleted: hospice patients
- Deleted: patients requiring both
- Deleted: hospice and long-term nursing care services within the long-term care and nursing home populations
- Deleted:
- Deleted: (a) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal Regulations, Title 42, Chapter IV, Subpart B (Medicare programs), Part 418 and shall have been a Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted to the Department INDIVIDUAL UNITS SHALL CONSIST OF 10 BEDS OR LESS PER UNIT.
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- Deleted: An applicant shall demonstrate that, during the most recent 12-month period prior to the date an application is submitted to the Department for which verifiable data are available to the Department, at least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice were provided in a private residence
- Deleted: c
- Deleted: An application shall propose 30 beds or less
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- 1516 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.  
 1517 (c) The proposed unit will serve only ventilator-dependent patients.

1518  
 1519 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1520 Medicaid.

1521  
 1522 (3) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR  
 1523 UTILIZED FOR GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND  
 1524 HOSPITAL LONG-TERM CARE UNIT BEDS.

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1525  
 1526 **Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum**  
 1527

1528 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool  
 1529 for special population groups allocated to religious shall meet the following:

1530 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a  
 1531 recognized religious organization, denomination or federation as evidenced by documentation of its  
 1532 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the  
 1533 United States Internal Revenue Code.

1534 (b) The applicant's patient population includes a majority of members of the religious organization  
 1535 or denomination represented by the sponsoring organization.

1536 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of  
 1537 a specific religion, denomination or order, including unique dietary requirements, or other unique religious  
 1538 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

1539 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1540 Medicaid.

1541  
 1542 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
 1543 special population groups allocated to TBI/SCI shall meet the following:

1544 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At  
 1545 the time an application is submitted, the applicant shall demonstrate that it operates:

1546 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI  
 1547 patients; and

1548 (ii) a transitional living program or contracts with an organization that operates a transitional living  
 1549 program and rehabilitative care for TBI/SCI patients.

1550 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential  
 1551 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-  
 1552 recognized accreditation organization for rehabilitative care and services.

1553 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another  
 1554 nationally-recognized accreditation organization for the nursing home beds proposed under this  
 1555 subsection.

1556 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated  
 1557 under this subsection that provides for:

1558 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1559 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of  
 1560 TBI/SCI patients.

1561 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised  
 1562 activity.

1563 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for  
 1564 TBI/SCI patients of various ages.

1565  
 1566 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
 1567 special population groups allocated to Alzheimer's disease shall meet the following:

- 1569 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
- 1570 only patients which require long-term nursing care and have been appropriately classified as a patient on
- 1571 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
- 1572 level 4 (when accompanied by continuous nursing needs), 5, or 6.
- 1573 (b) The specialized program will participate in the state registry for Alzheimer's disease.
- 1574 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
- 1575 home and be no larger than 20 beds in size.
- 1576 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
- 1577 the health facility, appropriate for unsupervised activity.
- 1578 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
- 1579 which is solely for the use of the Alzheimer's unit patients.
- 1580 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
- 1581 reflections to promote visual and spatial orientation.
- 1582 (g) Staff will be specially trained in Alzheimer's disease treatment.
- 1583 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
- 1584 Medicaid.

- 1585
- 1586 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
- 1587 special population groups allocated to behavioral patients shall meet the following:
- 1588 (a) Individual units shall consist of 20 beds or less per unit.
- 1589 (b) The facility shall not be awarded more than 40 beds.
- 1590 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
- 1591 activity.
- 1592 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
- 1593 for the use of the behavioral patients.
- 1594 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
- 1595 promote visual and spatial orientation.
- 1596 (f) Staff will be specially trained in treatment of behavioral patients.
- 1597 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and
- 1598 Medicaid.
- 1599

- 1600 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
- 1601 special population groups allocated to hospice shall meet the following:
- 1602 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal
- 1603 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a
- 1604 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted
- 1605 to the Department.
- 1606 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date
- 1607 an application is submitted to the Department for which verifiable data are available to the Department, at
- 1608 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice
- 1609 were provided in a private residence.
- 1610 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and
- 1611 Medicaid.

- 1612 (6) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE
- 1613 STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO BARIATRIC PATIENTS
- 1614 SHALL MEET THE FOLLOWING:
- 1615
- 1616 (a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.
- 1617 (b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND
- 1618 SEAMLESS INCLUSIVE RESIDENT DESIGN.
- 1619 (c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR
- 1620 INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.

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1627 (d) THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE  
 1628 DESIGNED TO FACILITATE VISITORS.  
 1629 (e) THE BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN  
 1630 PROVIDING CARE.  
 1631 (f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS  
 1632 WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.  
 1633 (g) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR  
 1634 UTILIZED AS GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND  
 1635 HOSPITAL LONG-TERM CARE UNIT BEDS UNDER THE CON REVIEW STANDARDS.  
 1636 (i) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1637 Medicaid.  
 1638  
 1639 (7) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
 1640 special population groups allocated to ventilator-dependent patients shall meet the following:  
 1641 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed  
 1642 nursing home beds.  
 1643 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.  
 1644 (c) The proposed unit will serve only ventilator-dependent patients.  
 1645 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1646 Medicaid.  
 1647  
**Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**  
 1648 **under Section 3(1) of this addendum**  
 1649  
 1650  
 1651 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance  
 1652 with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-  
 1653 term Care Unit Beds.  
 1654  
 1655 (2) An applicant for beds from the statewide pool for special population groups allocated to  
 1656 religious shall agree that, if approved, the services provided by the specialized long-term care beds shall  
 1657 be delivered in compliance with the following term of CON approval:  
 1658 (a) The applicant shall document, at the end of the third year following initiation of beds approved  
 1659 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the  
 1660 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its  
 1661 average daily census for the third full year of operation.  
 1662 (3) An applicant for beds from the statewide pool for special population groups allocated to  
 1663 Alzheimer's disease shall agree that if approved:  
 1664  
 1665 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat  
 1666 only patients which require long-term nursing care and have been appropriately classified as a patient on  
 1667 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a  
 1668 level 4 (when accompanied by continuous nursing needs), 5, or 6.  
 1669 (b) The specialized program will participate in the state registry for Alzheimer's disease.  
 1670 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing  
 1671 home and be no larger than 20 beds in size.  
 1672 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at  
 1673 the health facility, appropriate for unsupervised activity.  
 1674 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area  
 1675 which is solely for the use of the Alzheimer's unit patients.  
 1676 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light  
 1677 reflections to promote visual and spatial orientation.  
 1678 (g) Staff will be specially trained in Alzheimer's disease treatment.  
 1679

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1691 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice  
 1692 shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in  
 1693 accordance with the following CON terms of approval.

1694 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish  
 1695 and maintain the ability to provide, either directly or through contractual arrangements, hospice services  
 1696 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.

1697 (b) The proposed project shall be designed to promote a home-like atmosphere that includes  
 1698 accommodations for family members to have overnight stays and participate in family meals at the  
 1699 applicant facility.

1700 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive,  
 1701 has AIDS or has AIDS related complex.

1702 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or  
 1703 have AIDS related complex in nursing home beds.

1704 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in  
 1705 nursing home beds.

1706 (f) Nursing home beds shall only be used to provide services to individuals suffering from a  
 1707 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being  
 1708 Section 333.21417 of the Michigan Compiled Laws.

1709 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not  
 1710 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled  
 1711 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.

1712 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section  
 1713 333.21401 et seq. of the Michigan Compiled Laws.

1714 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided  
 1715 by the applicant hospice to all of its clients will be provided in a private residence.

1716  
 1717 (5) An applicant for beds from the statewide pool for special population groups allocated to  
 1718 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection  
 1719 shall be operated in accordance with the following CON terms of approval.

1720 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been  
 1721 trained in the care and treatment of ventilator-dependent patients and includes at least the following:

1722 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-  
 1723 dependent patients.

1724 (ii) A program director that is a registered nurse.

1725 (b) An applicant shall make provisions, either directly or through contractual arrangements, for at  
 1726 least the following services:

1727 (i) respiratory therapy.

1728 (ii) occupational and physical therapy.

1729 (iii) psychological services.

1730 (iv) family and patient teaching activities.

1731 (c) An applicant shall establish and maintain written policies and procedures for each of the  
 1732 following:

1733 (i) Patient admission criteria that describe minimum and maximum characteristics for patients  
 1734 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the  
 1735 amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary  
 1736 services.

1737 (ii) The transfer of patients requiring care at other health care facilities.

1738 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment  
 1739 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.

1740 (iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,  
 1741 being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.

1742 (v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.



- 1743 (d) An applicant shall establish and maintain an organized infection control program that has  
 1744 written policies for each of the following:
- 1745 (i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and  
 1746 frequency of tube changes.
  - 1747 (ii) placement and care of urinary catheters.
  - 1748 (iii) care and use of thermometers.
  - 1749 (iv) care and use of tracheostomy devices.
  - 1750 (v) employee personal hygiene.
  - 1751 (vi) aseptic technique.
  - 1752 (vii) care and use of respiratory therapy and related equipment.
  - 1753 (viii) isolation techniques and procedures.
- 1754 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at  
 1755 least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,  
 1756 and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.  
 1757 This subsection does not require a separate committee, if an applicant organization has a standing  
 1758 infection control committee and that committee's charge is amended to include a specific focus on the  
 1759 ventilator-dependent unit.
- 1760 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the  
 1761 immediate vicinity of the unit.
- 1762 (g) An applicant shall agree that the beds will not be used to service individuals that are not  
 1763 ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to  
 1764 applicable CON review standards.
- 1765 (h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result  
 1766 from providing services to ventilator-dependent patients in a hospital.
- 1767
- 1768 (6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI  
 1769 patients shall agree that if approved:
- 1770 (a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been  
 1771 trained in the care and treatment of such individuals and includes at least the following:
  - 1772 (i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI  
 1773 patients.
  - 1774 (ii) A program director that is a registered nurse.
  - 1775 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.
  - 1776 (b) An applicant shall establish and maintain written policies and procedures for each of the  
 1777 following:
  - 1778 (i) Patient admission criteria that describe minimum and maximum characteristics for patients  
 1779 appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the  
 1780 required medical stability and the need for ancillary services, including dialysis services.
  - 1781 (ii) The transfer of patients requiring care at other health care facilities, including a transfer  
 1782 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to  
 1783 any patient who requires such care.
  - 1784 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment  
 1785 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,  
 1786 including support services to be provided by transitional living programs or other outpatient programs or  
 1787 services offered as part of a continuum of care to TBI patients by the applicant.
  - 1788 (iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of  
 1789 patient care, rates of utilization and other considerations generally accepted as appropriate for review.
  - 1790 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI  
 1791 patients meet professional recognized standards of health care for providers of such services and that  
 1792 such services were reasonable and medically appropriate to the clinical condition of the TBI patient  
 1793 receiving such services.
- 1794

1795 (7) An applicant for beds from the statewide pool for special population groups allocated to  
 1796 behavioral patients shall agree that if approved:  
 1797 (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been  
 1798 trained in the care and treatment of such individuals and includes at least the following:  
 1799 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral  
 1800 patients.  
 1801 (ii) A program director that is a registered nurse.  
 1802 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.  
 1803 (b) An applicant shall establish and maintain written policies and procedures for each of the  
 1804 following:  
 1805 (i) Patient admission criteria that describe minimum and maximum characteristics for patients  
 1806 appropriate for admission to the unit for behavioral patients.  
 1807 (ii) The transfer of patients requiring care at other health care facilities, including a transfer  
 1808 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to  
 1809 any patient who requires such care.  
 1810 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of  
 1811 patient care, rates of utilization and other considerations generally accepted as appropriate for review.  
 1812 (iv) quality assurance and assessment program to assure that services furnished to behavioral  
 1813 patients meet professional recognized standards of health care for providers of such services and that  
 1814 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient  
 1815 receiving such services.  
 1816 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines,  
 1817 specialized communication, and patient safety.

1818  
 1819 (8) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION  
 1820 GROUPS ALLOCATED TO BARIATRIC PATIENTS SHALL AGREE THAT IF APPROVED:  
 1821 (a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.  
 1822 (b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND  
 1823 SEAMLESS INCLUSIVE RESIDENT DESIGN.  
 1824 (c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR  
 1825 INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.  
 1826 (d) THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE  
 1827 DESIGNED TO FACILITATE VISITORS.  
 1828 (e) THE BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN  
 1829 PROVIDING CARE.  
 1830 (f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS  
 1831 WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.  
 1832 (g) THE BEDS SHALL BE ESTABLISHED IN EITHER SINGLE OR DOUBLE OCCUPANCY  
 1833 ROOMS, THERE SHALL BE NO ROOMS WITH MORE THAN TWO BEDS.  
 1834 (i) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED  
 1835 FOR MEDICARE AND MEDICAID.

1836  
 1837 **Section 10. Comparative reviews, effect on prior CON review standards**

1839 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be  
 1840 subject to comparative review on a statewide basis.  
 1841  
 1842 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject  
 1843 to comparative review on a statewide basis.  
 1844  
 1845 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject  
 1846 to comparative review on a statewide basis.  
 1847

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1863 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject  
1864 to comparative review on a statewide basis.

1865  
1866 (5) These CON review standards supercede and replace the CON Review Standards for Nursing  
1867 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the  
1868 Commission on **DECEMBER 11, 2014 and effective on MARCH 20, 2015.**  
1869

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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**CERTIFICATE OF NEED (CON) REVIEW STANDARDS  
FOR BONE MARROW TRANSPLANTATION (BMT) SERVICES**

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

**Section 1. Applicability**

Sec. 1. (1) These standards are requirements for the approval to initiate or acquire BMT services under Part 222 of the Code. BMT services are a covered clinical service pursuant to Part 222 of the Code. The Department shall use these standards in applying Section 22225(1) of the Code being Section 333.22225(1) of the Michigan Compiled Laws and Section 22225(C) of the Code, being Section 333.22225(2)(C) of the Michigan Compiled Laws.

(2) A BMT service listed on the Department inventory that is located at a hospital site and initially does not perform both allogeneic and autologous procedures shall not be required to obtain separate CON approval to begin performing both autologous and allogeneic BMT procedures.

(3) An existing BMT service that performs only adult procedures shall require separate CON approval in order to perform pediatric procedures. An existing BMT service that performs only pediatric procedures shall require separate CON approval in order to perform adult procedures.

**Section 2. Definitions**

Sec. 2. (1) As used in these standards:

- (a) "Adult" means an individual age 18 or older.
- (b) "Allogeneic" means transplantation between genetically non-identical individuals of the same species.
- (c) "Autologous" means transplantation in which the donor and recipient are the same individual.
- (d) "Bone marrow transplantation service" or "BMT service" means the transplantation of proliferating hematopoietic stem cells essential to the survival of a patient derived from the bone marrow, the peripheral circulation, cord blood, or any other source.
- (e) "Cancer hospital" means a hospital that is a Comprehensive Cancer Center designated by the National Cancer Institute or operates a Comprehensive Cancer Center as an affiliate of a Michigan university that is designated as a Comprehensive Cancer Center by the National Cancer Institute.
- (f) "Certificate of Need Commission" or "CON Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.
- (g) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

Deleted: (g) "Comparative group" means the applications that have been grouped for the same type of project in the same planning area and are being reviewed comparatively in accordance with the CON rules.

- (i) "Department" means the Michigan Department of Health AND HUMAN SERVICES (MDHHS).
- (j) "Department inventory of BMT services" means the list maintained by the Department of: (i) the bone marrow transplantation services operating pursuant to a valid CON issued under Part 222 or former Part 221; (ii) operating BMT services for which the operation of that service did not require a CON; and (iii) BMT services that are not yet operational but have a valid CON issued under Part 222. The list shall inventory adult and pediatric services separately and shall specify the site at which the BMT service is authorized.

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- (k) "Existing BMT service," for purposes of Section 3(5) of these standards, means any of the following: (i) a BMT service listed on the Department inventory, (ii) a proposed BMT service under appeal from a final decision of the Department, or (iii) a proposed BMT service that is part of a completed

application under Part 222 (other than the application under review) for which a proposed decision has been issued and which is pending final decision.

(l) "Health service area" or "HSA" means the geographic area set forth in Appendix A.

(m) "Initiate" or "implement" means the performance of the first transplant procedure. The term of an approved CON shall be 18 months or the extended period established by Rule 325.9403(2).

(n) "Institutional Review Board" or "IRB" means an institutional review board as defined by Public Law 93-348 which is regulated by Title 45 CFR 46.

(o) "Licensed site" means the location of the hospital authorized by license and listed on that licensee's certificate of licensure.

(p) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396 to 1396g and 1396i to 1396u.

(q) "Pediatric" means any patient 20 years of age or less or any patient with congenital conditions or diseases for which BMT is a treatment.

(r) "Planning area" means THE GROUPS OF COUNTIES SHOW IN APPENDIX A.

(s) "Qualifying project" means each application in a comparative group that has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other applicable requirements for approval in the Code and these standards.

(t) "Survival rate" means the rate calculated using the Kaplan-Meier technique and the following: (i) the date of transplantation (or, if more than one transplant is performed, the date of the first transplant) must be the starting date for calculation of the survival rate; (ii) for those dead, the date of death is used, if known. If the date of death is unknown, it must be assumed as 1 day after the date of the last ascertained survival; (iii) for those who have been ascertained as surviving within 60 days before the fiducial date (the point in time when the facility's survival rates are calculated and its experience is reported), survival is considered to be the date of the last ascertained survival, except for patients described in subsection (v); (iv) any patient who is not known to be dead, but whose survival cannot be ascertained to a date that is within 60 days before the fiducial date, must be considered as "lost to follow up" for the purposes of the survival rate calculation; (v) any patient transplanted between 61 and 120 days before the fiducial date must be considered as "lost to follow up" if he or she is not known to be dead and his or her survival has not been ascertained for at least 60 days before the fiducial date. Any patient transplanted within 60 days before the fiducial date must be considered as "lost to follow up" if he or she is not known to be dead and his or her survival has not been ascertained on the fiducial date; and (vi) the survival analyses must use the assumption that each patient in the "lost to follow up" category died 1 day after the last date of ascertained survival. However, an applicant may submit additional analyses that reflect each patient in the "lost to follow up" category as alive at the date of the last ascertained survival.

(u) "Tumor registry" means a manual or computerized data base containing information about all malignancies and only those that are diagnosed and/or treated at the applicant's facility. The malignancies must be reportable to the Michigan Cancer Surveillance Program as required pursuant to Public Act 82 of 1984, as amended.

(2) The definitions of Part 222 shall apply to these standards.

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(i) - planning area one that includes the counties in health service areas 1, 2, 5, and 6, and the following counties in health service area 7: Alcona, Alpena, Cheboygan, Crawford, Montmorency, Oscoda, Otsego, and Presque Isle; or ¶

(ii) - planning area two that includes the counties in health service areas 3, 4, and 8, and the following counties in health service area 7: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford.

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### Section 3. Requirements to initiate a BMT service

Sec. 3. Initiate a BMT service means to begin operation of a BMT service at a site that does not provide either adult or pediatric BMT services and is not listed on the Department inventory as of the date an application is submitted to the Department. The term includes an adult service that is proposing to provide a pediatric BMT service, and a pediatric service that is proposing to provide an adult BMT service. The term does not include beginning operation of a BMT service by a cancer hospital which acquires an existing BMT service provided that all of the staff, services, and programs required under Section 3(3) are to be provided by the cancer hospital and/or by the hospital from which the BMT service is being acquired. An applicant proposing to initiate a BMT service shall demonstrate the following requirements, as applicable to the proposed project.

- (1) An applicant shall specify in the application whether the proposed service will perform either or both adult and pediatric BMT procedures.
- (2) An applicant shall specify the licensed site at which the BMT service will be provided.
- (3) An applicant proposing to initiate either an adult or pediatric BMT service shall demonstrate that the licensed site at which the transplants will be offered provides each of the following staff, services, and programs:
  - (a) operating rooms.
  - (b) continuous availability, on-site or physically connected, either immediate or on-call, of CT scanning, magnetic resonance imaging, ultrasound, angiography, and nuclear medicine services.
  - (c) dialysis.
  - (d) inpatient-outpatient social work.
  - (e) inpatient-outpatient psychiatry/psychology.
  - (f) clinical research.
  - (g) a microbiology and virology laboratory.
  - (h) a histocompatibility laboratory that meets the standards of the American Society for Histocompatibility and Immunogenetics, or an equivalent organization, either on-site or through written agreement.
    - (i) a hematopathology lab capable of performing cell phenotype analysis using flow cytometry.
    - (j) a clinical chemistry lab with the capability to monitor antibiotic and antineoplastic drug levels, available either on-site or through other arrangements that assure adequate availability.
    - (k) other support services, as necessary, such as physical therapy and rehabilitation medicine.
    - (l) continuous availability of anatomic and clinical pathology and laboratory services, including clinical chemistry, and immuno-suppressive drug monitoring.
    - (m) continuous availability of red cells, platelets, and other blood components.
    - (n) an active medical staff that includes, but is not limited to, the following board-certified or board-eligible specialists. For an applicant that is proposing to perform pediatric transplant procedures, these specialists shall be board-certified or board-eligible in the pediatric discipline of each specialty.
      - (i) anesthesiology.
      - (ii) cardiology.
      - (iii) critical care medicine.
      - (iv) gastroenterology.
      - (v) general surgery.
      - (vi) hematology.
      - (vii) infectious diseases.
      - (viii) nephrology.
      - (ix) neurology.
      - (x) oncology.
      - (xi) pathology, including blood banking experience.
      - (xii) pulmonary medicine.

- (xiii) radiation oncology.
- (xiv) radiology.
- (xv) urology.

(o) One or more consulting physicians who are board-certified or board-eligible in each of the following specialties. For an applicant proposing to perform pediatric BMT procedures, these specialists shall have specific experience in the care of pediatric patients.

- (i) dermatology.
- (ii) immunology.
- (iii) neurosurgery.
- (iv) orthopedic surgery.

(p) A TRANSPLANT TEAM COORDINATOR ON-SITE, WHO HAS EXPERIENCE IN EVALUATING PRE AND POST BMT PATIENTS

(q) NURSES WITH SPECIALIZED TRAINING IN PEDIATRIC AND/OR ADULT, AS APPROPRIATE, BMT HEMATOLOGY/ONCOLOGY PATIENT CARE, ADMINISTRATION OF CYTOTOXIC THERAPIES, MANAGEMENT OF INFECTIONS COMPLICATIONS ASSOCIATED WITH HOST-DEFENSE MECHANISMS, ADMINISTRATION OF BLOOD COMPONENTS, THE HEMODYNAMIC SUPPORT OF THE TRANSPLANT PATIENT AND MANAGING IMMUNO-SUPPRESSED PATIENTS.

(r) A PHARMACIST EXPERIENCED WITH THE USE OF CYTOTOXIC THERAPIES, USE OF BLOOD COMPONENTS, THE HEMODYNAMIC SUPPORT OF THE TRANSPLANT PATIENT, AND THE MANAGEMENT OF IMMUNO-SUPPRESSED PATIENTS.

(s) A PROTECTIVE ENVIRONMENTAL INPATIENT UNIT FOR IMMUNO-SUPPRESSED PATIENTS THAT HAS AN ISOLATION POLICY, AND INFECTION CONTROL PLAN SPECIFIC TO THAT UNIT, AND AIR HANDLING CAPABLE OF PREVENTING NOSOCOMIAL INFECTIONS DISSEMINATED FROM CENTRAL HEATING AND COOLING SYSTEMS AND AMBIENT AIR.

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(4) An applicant must provide an implementation plan for the proposed BMT service.

"Implementation plan" means a plan that documents how a proposed BMT service will be initiated within the time period specified in these standards or the CON rules. At a minimum, the implementation plan shall identify:

(a) each component or activity necessary to begin performing the proposed BMT service including, but not limited to, the development of physical plant requirements, such as an intensive care unit capable of treating immuno-suppressed patients, equipment acquisitions, and recruitment and employment of all physician and support staff;

(b) the time table for completing each component or activity specified in subsection (a); and

(c) if the applicant previously has been approved for a BMT service for which either the CON expired or the service did not perform a transplant procedure during any consecutive 12-month period, what changes have or will be made to ensure that the proposed service can be initiated and provided on a regular basis.

(5) THE APPLICANT MUST BE AN ACADEMIC MEDICAL CENTER AT THE TIME OF APPLICATION AND MEET ALL OF THE FOLLOWING CRITERIA:

(a) THE APPLICANT HOSPITAL IS ORGANIZATIONALLY AND ADMINISTRATIVELY INTEGRATED WITH A MEDICAL SCHOOL.

(b) THE APPLICANT HOSPITAL IS THE PRINCIPAL SITE FOR THE EDUCATION OF BOTH MEDICAL STUDENTS (UNDERGRADUATES) AND POSTGRADUATE MEDICAL SPECIALTY TRAINEES (E.G., RESIDENTS OR INTERNS) FROM THE MEDICAL SCHOOL IN 5(a) OF THIS SECTION.

(c) AT THE TIME OF APPLICATION, THE APPLICANT HOSPITAL IS CONDUCTING ACADEMIC HUMAN SUBJECTS RESEARCH UNDER MULTIPLE APPROVED PROTOCOLS INVOLVING PATIENTS OF THE HOSPITAL.

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(6)(a) An applicant proposing to initiate an adult BMT service shall project that at least 30 transplants, of which at least 10 are allogeneic transplant procedures, will be performed in the third 12-months of operation.

(b) An applicant proposing to initiate a pediatric BMT service shall project that at least 10 transplants, of which 5 are allogeneic transplant procedures, will be performed in the third 12-months of operation.

(c) An applicant proposing to initiate both an adult and a pediatric BMT service shall specify whether patients age 18-20 are included in the projection of adult procedures required pursuant to subsection (a) or the projection of pediatric procedures required pursuant to subsection (b). An applicant shall not include patients age 18-20 in both adult and pediatric projections required pursuant to subsections (a) and (b).

(7) THE APPLICANT SHALL PROVIDE THE FOLLOWING SERVICES WITH AN APPROVED CERTIFICATE OF NEED AND AT THE TIME OF APPLICATION MUST BE IN COMPLIANCE WITH ALL PROJECT DELIVERY REQUIREMENTS INCLUDING BUT NOT LIMITED TO VOLUME REQUIREMENTS.

(a) Megavoltage radiation therapy services, either on-site or physically connected, with a nominal beam energy of at least 6 MEV, including the capability to perform total body irradiation.

(b) HEART, LUNG AND LIVER TRANSPLANTATION SERVICES.

(c) SURGICAL SERVICES.

(8) An applicant shall demonstrate that the licensed site at which the proposed BMT service is proposed has an institutional review board.

(9) An applicant proposing to initiate a pediatric BMT service shall demonstrate that the licensed site at which the pediatric transplant procedures will be performed has each of the following:

(a) a designated pediatric inpatient oncology unit.

(b) a pediatric inpatient intensive care unit.

(c) membership status in either the Pediatric Oncology Group (POG) or the Children's Cancer Group (CCG).

(d) a pediatric tumor board that meets on a regularly scheduled basis.

(e) family support group services, provided either directly or through written agreements.

(f) a pediatric cancer program with the following staff:

(i) a director who is either a board-certified immunologist who has specific training and experience in BMT or a board-certified pediatric hematologist/oncologist.

(ii) nurses with training and experience in pediatric oncology.

(iii) social workers with training and experience in pediatric oncology.

(iv) pediatric psychologists.

(v) child life specialists.

(10)(a) An applicant proposing to initiate either a new adult or pediatric BMT service shall submit, in its application, a written consulting agreement with an existing BMT service. The written consulting agreement must be with an existing in-state or out-of-state Foundation for the Accreditation of Cellular Therapy (FACT) accredited transplant unit that performs both allogeneic and autologous transplants for either adult and/or pediatrics. The terms of the agreement and the roles and responsibilities of both the existing and proposed service shall include at least the following:

(i) The term of the written consulting agreement is no less than 36 months after the proposed service begins to perform BMT procedures.

(ii) One or more representatives of the existing BMT service have been designated as staff responsible for carrying out the roles and responsibilities of the existing service.

(iii) The existing service shall evaluate and make recommendations to the proposed service on policies and procedures, including time tables, for at least each of the following:

(A) nursing services.

Deleted: (5)(a) An applicant shall demonstrate that the number of existing adult BMT services does not exceed three (3) adult BMT services in planning area one identified in Section 2(1)(t)(i) or one (1) adult BMT service in planning area two identified in Section 2(1)(t)(ii) and that approval of the proposed application will not result in the total number of adult BMT services exceeding the need for each specific planning area.¶

(b) An applicant shall demonstrate that the number of existing pediatric BMT services does not exceed two (2) pediatric BMT services in planning area one identified in Section 2(1)(t)(i) or one (1) pediatric BMT service in planning area two identified in Section 2(1)(t)(ii) and that approval of the proposed application will not result in the total number of pediatric BMT services exceeding the need for each specific planning area.¶

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- (B) infection control.
- (C) nutritional support.
- (D) staff needs and training.
- (E) inpatient and outpatient medical coverage.
- (F) transfusion and blood bank policies.
- (G) transplant treatment protocols.
- (H) hematopoiesis laboratory services and personnel.
- (I) data management.
- (J) quality assurance program.
- (iv) Specify a schedule of site visits by staff of the existing BMT service that, at a minimum,

includes:

- (A) 3 visits during the first 12-months of operation of the proposed service.
- (B) 3 visits during each the second 12-months and third 12-months of operation of the proposed service.
- (v) Specify that the purpose of the site visits required by subdivision (iv) is to assess the proposed service and make recommendations related to quality assurance mechanisms of the proposed service, including at least each of the following:
  - (A) a review of the number of patients transplanted.
  - (B) transplant outcomes.
  - (C) all infections requiring treatment or life-threatening toxicity, defined for purposes of this agreement as National Cancer Institutes grade #3 or greater toxicity, excluding hematological toxicity.
  - (D) all deaths occurring within 100 days from transplant.
  - (E) each of the requirements of subdivision (iii).
- (vi) Specify that a written report and minutes of each site visit shall be completed by the existing BMT service and sent to the proposed service within 2 weeks of each visit, and that copies of the reports and minutes shall be available to the Department upon request. At a minimum, the written report shall address each of the items in subdivision (v).
- (vii) Specify that the existing BMT service shall notify the Department and the proposed service immediately if it determines that the proposed service may not be in compliance with any applicable quality assurance requirements, and develop jointly with the proposed service a plan for immediate remedial actions.
- (viii) Specify that the existing BMT service shall notify the Department immediately if the consulting agreement required pursuant to these standards is terminated and that the notification shall include a statement describing the reasons for the termination.
- (b) For purposes of **subsection (10)**, "existing BMT service" means a service that meets all of the following:
  - (i) currently is performing and is FACT accredited in, the types of transplants (allogeneic and autologous; adult or pediatric) proposed to be performed by the applicant;
  - (ii) currently is certified as a National Marrow Donor Program; and
  - (iii) is located in the United States.
- (c) An applicant shall document that the existing BMT service meets the requirements of subsection (b).

#### Section 4. Requirements for approval – acquisition of a BMT service by a cancer hospital

Sec 4. Acquisition of a BMT service means the acquisition (including purchase, lease, donation, or other arrangement) of an existing BMT service. An applicant proposing to acquire an existing BMT service shall demonstrate the following, as applicable to the proposed project.

- (1) The applicant meets all of the requirements of this subsection:
  - (a) The total number of BMT services is not increased in the planning area as the result of the acquisition.

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(b) As part of the acquisition of the BMT service, the acquisition or replacement of the cancer hospital, or for any other reasons, the location of the BMT service shall be located at its prior location or in space within the licensed cancer hospital site.

(c) The applicant is a cancer hospital as defined by these standards.

(d) The applicant demonstrates that it meets, directly or through arrangements with the hospital from which it acquires the BMT service, the requirements set forth under **Section 3(3), (6), (7), and (8)**, as applicable.

(e) The applicant agrees to either have a written consulting agreement as required by **Section 3(10)** or obtain a determination by the Department that such an agreement is not required because the existing BMT staff, services, and program substantially will continue to be in place after the acquisition.

(f) The applicant agrees and assures to comply, either directly or through arrangements with the hospital from which it acquires the BMT service, with all applicable project delivery requirements.

**Section 6. Requirements for Medicaid participation**

Sec. 6. An applicant shall provide verification of Medicaid participation. An applicant that is a new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided to the Department within six (6) months from the offering of services if a CON is approved.

**Section 7. Project delivery requirements terms of approval for all applicants**

Sec. 7. An applicant shall agree that, if approved, the BMT service shall be delivered in compliance with the following terms of approval:

(1) Compliance with these standards. An applicant shall immediately report to the Department any changes in key staff or other aspects of the BMT service that may affect its ability to comply with these standards.

(2) Compliance with the following quality assurance requirements, as applicable, no later than the date the first BMT procedure, allogeneic or autologous, is performed:

(a) An applicant shall establish and maintain, either on-site or through written agreements, all of the following:

(i) 24-hour blood bank support, including pheresis capability, irradiated blood, products suitable for cytomegalovirus-negative transplants, and blood component therapy.

(ii) a cytogenetics and/or molecular genetic laboratory.

(iii) a processing and cryopreservation laboratory that meets the standards of the FACT or an equivalent organization.

(iv) a histocompatibility laboratory that has the capability of DNA-based HLA-typing and meets the standards of the American Society for Histocompatibility and Immunogenetics or an equivalent organization.

(v) anatomic and clinical pathology with competency in interpreting pathologic findings related to graft-v-host disease (programs performing allogeneic transplants) and other opportunistic infections in immuno-compromised hosts (programs performing allogeneic and autologous transplants).

(vi) therapeutic drug monitoring.

(b) An applicant shall establish and maintain, at the licensed hospital site at which the transplants are performed, both of the following:

(i) a protective environmental BMT inpatient unit for immuno-suppressed patients that has an isolation policy, an infection control plan specific to that unit, and an air handling system capable of preventing nosocomial infections disseminated from central heating and cooling systems and ambient air.

(ii) a specialized intensive care unit capable of treating immuno-suppressed neutropenic patients.

(c) An applicant shall establish and maintain written policies related to outpatient care for BMT patients, including at least the following:

(i) the ability to evaluate and provide treatment on a 24-hour basis.

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(2) An applicant approved for and holding a CON for BMT services under this section prior to the effective date of this revision of the BMT standards, September 29, 2014, shall apply to reacquire the BMT service, and the acquired BMT service shall be accountable under these revised standards. ¶

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(3) Applicants proposing to acquire an existing BMT service under this section shall not be subject to comparative review. ¶

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**Section 5. Review standards for comparative reviews ¶**

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Sec. 5. (1) Any application subject to comparative review under Section 22229 of the Code, being Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and reviewed comparatively with other applications in accordance with the CON rules applicable. ¶

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(2) Each application in a comparative group shall be individually reviewed to determine whether the application has satisfied all the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards. If the Department determines that two or more competing applications satisfy all of the requirements for approval, these projects shall be considered qualifying projects. The Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1) being Section 333.22225(1) of the Michigan Compiled Laws, and which have the highest number of points when the results of subsection (2) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, taken together, do not exceed the need, as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws, in the order in which the applications were received by the Department, based on the date and time stamp placed on the applications by the CON administrative unit of the Department responsible for administering the CON program when an application is submitted. ¶

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(3)(a) A qualifying project will have points awarded based on the straight-line distance to the nearest existing BMT service of the type applied for (adult or pediatric), as shown in the following schedule: ¶

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Straight-line Distance to Nearest BMT Service	Points Awarded
<75 miles	0
75 – 150 miles	1
>150 miles	2

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(b) A qualifying project will have up to 4 points awarded based on the percentage of the medical/surgical indigent volume at the licensed site at which the proposed BMT service will be provided in accordance with the following: ¶

(i) For each applicant in the same comparative group, determine the medical/surgical indigent volume. Determine the licensed site that has the highest indigent volume in the same comparative group. Divide the medical/surgical indigent volume for that licensed site by 4.0. The result is the indigent volume factor rounded to the nearest whole number ...

- (ii) nurses experienced in the care of BMT patients.
- (iii) a designated outpatient area for patients requiring long-duration infusions or the administration of multiple medications or blood product transfusions.
- (d) A BMT service shall establish and maintain a dedicated transplant team that includes at least the following staff:
  - (i) a transplant team leader, who is a physician that is board-certified in at least one of the following specialties: hematology, medical oncology, immunology, or pediatric hematology/oncology, as appropriate, and has had either at least one year of specific clinical training or two years of experience, both inpatient and outpatient, as an attending physician principally responsible for the clinical management of patients treated with hematopoietic transplantation. The team leader's experience shall include the clinical management of patients receiving an allogeneic transplant. The responsibilities of the transplant team leader shall include overseeing the medical care provided by attending physicians, reporting required data to the Department, and responsibility for ensuring compliance with the all applicable project delivery requirements.
  - (ii) one or more attending physicians with specialized training in pediatric and/or adult BMT, as appropriate. At least one attending physician shall have specialized training in allogeneic transplantation, adult or pediatric, as appropriate. An attending physician shall be board-certified or board-eligible in hematology, medical oncology, immunology, or pediatric hematology/oncology, as appropriate.
  - (iii) on-site availability of board-certified or board-eligible consulting physicians, adult and/or pediatric, as appropriate, in at least the following specialties: cardiology, gastroenterology nephrology, psychiatry, pulmonary medicine, and critical care medicine.
  - (iv) on-site availability of board-certified or board-eligible consulting physicians in the following areas: anatomic pathology with competence in graft versus host disease (services performing allogeneic transplants) and other opportunistic diseases (services performing allogeneic and autologous transplants), infectious diseases with experience in immuno-compromised hosts, and radiation oncology with experience in total body irradiation.
  - (v) a transplant team coordinator, who shall be responsible for providing pre-transplant patient evaluation and coordinating treatment and post-transplant follow-up and care.
  - (vi) a nurse to patient ratio necessary to provide care consistent with the severity of a patient's clinical status.
  - (vii) nurses with specialized training in pediatric and/or adult, as appropriate, BMT, hematology/oncology patient care, administration of cytotoxic therapies, management of infectious complications associated with compromised host-defense mechanisms, administration of blood components, the hemodynamic support of the transplant patient, and managing immuno-suppressed patients.
  - (viii) a pharmacist experienced with the use of cytotoxic therapies, use of blood components, the hemodynamic support of the transplant patient, and the management of immuno-suppressed patients.
  - (ix) dietary staff capable of providing dietary consultations regarding a patient's nutritional status, including total parenteral nutrition.
  - (x) designated social services staff.
  - (xi) designated physical therapy staff.
  - (xii) data management personnel designated to the BMT service.
  - (xiii) for an applicant performing pediatric BMT, a child-life specialist.
- (e) In addition to the dedicated transplant team required in subsection (d), an applicant's staff shall include a patient ombudsman, who is familiar with the BMT service, but who is not a member of the transplant team.
- (f) An applicant shall develop and maintain patient management plans and protocols that include the following:
  - (i) therapeutic and evaluative procedures for the acute and long-term management of a patient.
  - (ii) patient management and evaluation during the waiting, in-hospital and immediate post-discharge phases of the service.
  - (iii) long-term management and evaluation, including education of the patient, liaison with the patient's attending physician, and the maintenance of active patient records for at least 5 years.

(iv) IRB approval of all clinical research protocols, or if transplantation does not require an IRB-approved clinical research protocol, written policies and procedures that include at least the following: donor, if applicable, and recipient selection, transplantation evaluations, administration of the preparative regimen, post-transplantation care, prevention and treatment of graft-versus-host disease, and follow-up care.

(g) An applicant shall establish and maintain a written quality assurance plan.

(h) An applicant shall implement a program of education and training for nurses, technicians, service personnel, and other hospital staff.

(i) An applicant shall participate actively in the education of the general public and the medical community with regard to BMT, and make donation literature available in public areas of the institution.

(j) An applicant shall establish and maintain an active, formal multi-disciplinary research program related to the proposed BMT service.

(k) An applicant shall operate, either on-site or under its direct control, a multi-disciplinary selection committee which includes, but is not limited to, a social worker, a mental health professional, and physicians experienced in treating BMT patients.

(l) A pediatric BMT service shall maintain membership status in the Children's Oncology Group (COG).

(m) For purposes of evaluating subsection (2), except subdivision (k), the Department shall consider it prima facie evidence as to compliance with the applicable requirements if an applicant documents that the BMT service is accredited by the National Marrow Donor Program (NMDP) or the Foundation for the Accreditation of Cell Therapy (FACT).

(3) Compliance with the following access to care requirements:

(a) The BMT service shall accept referrals for BMT services from all appropriately licensed health care practitioners.

(b) The BMT service shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

(c) The BMT service shall not deny BMT services to any individual based on ability to pay or source of payment.

(d) The operation of and referral of patients to the BMT service shall be in conformance with 1978 PA 368, Sec. 16221, as amended by 1986 PA 319; MCL 333.16221; MSA 14.15 (16221).

(4) Compliance with the following monitoring and reporting requirements:

(a) An adult BMT service shall perform at least 30 transplants, of which at least 10 are allogeneic transplants, in the third 12-months of operation and annually thereafter.

(b) A pediatric BMT service shall perform at least 10 transplants, of which at least 5 are allogeneic transplants, in the third 12-months of operation. After the third 12-months of operation, an applicant shall perform at least 30 pediatric transplants in any 36-month consecutive period, with no fewer than 5 allogeneic transplants in any 12-month period, beginning with the third 12-months of operation, and thereafter.

(c) A BMT service that performs both adult and pediatric BMT shall specify whether each patient age 18-20 is included in the category of adult procedures or the category of pediatric procedures. An applicant shall determine for each patient age 18-20 whether to record that patient as an adult or a pediatric procedure, but an applicant shall record each patient age 18-20 in only 1 category.

(d) The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include, but is not limited to, annual budget and cost information, demographic and diagnostic information, primary and secondary diagnoses, whether the transplant procedure was a first or repeat transplant procedure, length of stay, the volume of care provided to patients from all payor sources, and other data requested by the Department and approved by the CON Commission.

The applicant shall provide the required data on an individual basis for each designated licensed site; in a format established by the Department; and in a mutually-agreed upon media. The Department may elect to verify the data through on-site review of appropriate records. In addition, an applicant shall report at least the following data for each patient:

- (i) disease type.
- (ii) transplant type, i.e., related allogeneic, unrelated allogeneic, and autologous.
- (iii) source of hematopoietic stem cell, i.e., bone marrow, peripheral circulation, cord blood, etc.
- (iv) patient age, i.e., adult or pediatric as defined by these standards.
- (v) data on 100-day, 6-month, 1-year, 2-year, and 5-year survival rates.
- (vi) relapse rates at 6-months, 1-year, and 5-years post-transplant.
- (vii) median follow-up, and patients lost-to-follow-up.
- (viii) cause(s) of death, if applicable.
- (ix) additional summary information, as applicable.

An applicant annually shall report for its BMT service annual and cumulative survival rates by type of transplant performed reported in actual number of transplants by disease category, transplant type, i.e., related allogeneic, unrelated allogeneic, and autologous; source of hematopoietic stem cell; patient age, i.e., adult or pediatric, as defined by these standards; and relapse rates at 100-days, 6-months, one year, and five years post-transplant. For purposes of these standards, procedure-related mortality is defined as death occurring within 100 days from BMT.

(e) The applicant shall maintain an organized institutional transplant registry for recording ongoing information on its patients being evaluated for transplant and on its transplant recipients and shall participate in the national and international registries applicable to the BMT service.

(f) The BMT service shall provide the Department with timely notice of the proposed project implementation consistent with applicable statute and promulgated rules. A BMT service that initially does not perform both allogeneic and autologous procedures also shall notify the Department when it begins to perform autologous procedures.

(g) An applicant shall notify the Department immediately if the consulting agreement required pursuant to [Section 3\(10\)](#) of these standards is terminated prior to the end of the first 36-months of operation of the BMT service. The notification shall include a statement describing the reasons for the termination. An applicant shall have 30 days following termination of that agreement to enter into a written consulting agreement that meets the requirements of [Section 3\(10\)](#). An applicant shall provide the Department with a copy of that written consulting agreement.

(h) The Department may use the information provided pursuant to [Section 3\(10\)](#) of these standards in evaluating compliance with the requirements of this section.

(5) The agreements and assurances required by this section shall be in the form of a certification agreed to by the applicant or its authorized agent.

#### **Section 8. Documentation of projections**

Sec. 8. An applicant required to project volumes of service under Section 3 shall specify how the volume projections were developed. The applicant shall use relevant and unduplicated data for patients in the same planning area as the proposed BMT service, which are verifiable from the most recent statewide tumor registry. The applicant shall only include new cancer cases that are appropriate for referral for BMT services and from the age grouping of patients based on the type of service to be offered. This specification of projections shall include an assessment of the accuracy of projections, and of the statistical method used to make the projections. Based on this documentation, the Department shall determine if the projections are reasonable.

#### **Section 9. Department Inventory of BMT Services**

Sec. 9. The Department shall maintain, and provide on request, a listing of the Department Inventory of BMT services.

#### **Section 10. Effect on prior CON Review Standards; comparative reviews**

Sec. 10. (1) These CON review standards supersede and replace the CON Review Standards for Extrarenal Organ Transplantation Services pertaining to BMT services approved by the CON Commission on JUNE 12, 2014 and effective on SEPTEMBER 29, 2014.

(2) Projects reviewed under these standards shall **NOT** be subject to comparative review.

Deleted: December 13, 2012

Deleted: March 22, 2013

Deleted: except for Section 4

**APPENDIX A**

Counties assigned to each **PLANNING AREAS** are as follows:

<b>PLANNING AREA</b>	<b>COUNTIES</b>		
1	Livingston Macomb Wayne	Monroe Oakland	St. Clair Washtenaw
2	Clinton Eaton	Hillsdale Ingham	Jackson Lenawee
3	Barry Berrien Branch	Calhoun Cass Kalamazoo	St. Joseph Van Buren
4	Allegan Ionia Kent Lake	Mason Mecosta Montcalm Muskegon	Newaygo Oceana Osceola Ottawa
5	Genesee	Lapeer	Shiawassee
6	Arenac Bay Clare Gladwin Gratiot	Huron Iosco Isabella Midland Ogemaw	Roscommon Saginaw Sanilac Tuscola
7	Alcona Alpena Antrim Benzie Charlevoix Cheboygan	Crawford Emmet Gd Traverse Kalkaska Leelanau Manistee	Missaukee Montmorency Oscoda Otsego Presque Isle Wexford
8	Alger Baraga Chippewa Delta Dickinson	Gogebic Houghton Iron Keweenaw Luce	Mackinac Marquette Menominee Ontonagon Schoolcraft

Deleted: **health service area**

Deleted: **HEALTH SERVICE**

Deleted: **AREA**

CERTIFICATE OF NEED  
**1<sup>st</sup> Quarter Compliance Report to the CON Commission**  
 October 1, 2016 through September 30, 2017 (FY 2017)

This report is to update the Commission on Department activities to monitor compliance of all Certificates of Need recipients as required by Section 22247 of the Public Health Code.

**MCL 333.22247**

*(1) The department shall monitor compliance with all certificates of need issued under this part and shall investigate allegations of noncompliance with a certificate of need or this part.*

*(2) If the department determines that the recipient of a certificate of need under this part is not in compliance with the terms of the certificate of need or that a person is in violation of this part or the rules promulgated under this part, the department shall do 1 or more of the following:*

*(a) Revoke or suspend the certificate of need.*

*(b) Impose a civil fine of not more than the amount of the billings for the services provided in violation of this part.*

*(c) Take any action authorized under this article for a violation of this article or a rule promulgated under this article, including, but not limited to, issuance of a compliance order under section 20162(5), whether or not the person is licensed under this article.*

*(d) Request enforcement action under section 22253.*

*(e) Take any other enforcement action authorized by this code.*

*(f) Publicize or report the violation or enforcement action, or both, to any person.*

*(g) Take any other action as determined appropriate by the department.*

*(3) A person shall not charge to, or collect from, another person or otherwise recover costs for services provided or for equipment or facilities that are acquired in violation of this part. If a person has violated this subsection, in addition to the sanctions provided under subsection (2), the person shall, upon request of the person from whom the charges were collected, refund those charges, either directly or through a credit on a subsequent bill.*

**Activity Report**

*Follow Up:* In accordance with Administrative Rules 325.9403 and 325.9417, the Department tracks approved Certificates of Need to determine if proposed projects have been implemented in accordance with Part 222. By rule, applicants are required to either implement a project within one year of approval or execute an enforceable contract to purchase the covered equipment or start construction, as applicable. In addition, an applicant must install the equipment or start construction within two years of approval.

Activity	1 <sup>st</sup> Quarter	Year-to-Date
Approved projects requiring 1-year follow up	79	79
Approved projects contacted on or before anniversary date	38	38
Approved projects completed on or before 1-year follow up	48%	
CON approvals expired	8	8
Total follow up correspondence sent	122	122
Total approved projects still ongoing	396	



## Compliance Report to CON Commission

FY 2017 – 1<sup>st</sup> Quarter

Page 2

Compliance: In accordance with Section 22247 and Rule 9419, the Department performs compliance checks on approved and operational Certificates of Need to determine if projects have been implemented, or if other applicable requirements have been met, in accordance with Part 222 of the Code.

- The Department is conducting statewide compliance reviews for Cardiac Catheterization Services and Megavoltage Radiation Therapy Services/Units utilizing 2015 CON Annual Survey data. The Department is in the process of evaluating annual survey data, review standard requirements, and CON approved facilities for these selected services to identify the facilities for compliance investigations. The summary reports are being submitted to the Commission under a separate cover. The finding of the statewide compliance reviews will be reported to the CON Commission at a later date.
- Crittenton Hospital Medical Center – Facility self-reported to the Department that they utilized a temporary mobile CT scanner unit during the replacement of the two (2) fixed CT scanners at the hospital. The facility was required to establish an internal process to ensure that CON covered equipment receives approval prior to start of operations and involve management level education about CON processes and requirements. The facility submitted an amendment request to secure approval and paid a civil fine of \$6,000.
- Sparrow Carson City - During an application review, it was noted that the facility had entered into a lease renewal for an existing fixed MRI unit without CON approval. The facility had to add the lease renewal to the current CON application as corrective action and paid a civil fine of \$5,500.

**CERTIFICATE OF NEED**  
**1<sup>st</sup> Quarter Program Activity Report to the CON Commission**  
 October 1, 2016 through September 30, 2017 (FY 2017)

This quarterly report is designed to assist the CON Commission in monitoring and assessing the operations and effectiveness of the CON Program Section in accordance with Section 22215(1)(e) of the Public Health Code, 1978 PA 368.

**Measures**

Administrative Rule R325.9201 requires the Department to process a Letter of Intent within 15 days upon receipt of a Letter of Intent.

Activity	1 <sup>st</sup> Quarter		Year-to-Date	
	No.	Percent	No.	Percent
Letters of Intent Received	82	N/A	82	N/A
Letters of Intent Processed within 15 days	81	99%	81	99%
Letters of Intent Processed Online	82	100%	82	100%

Administrative Rule R325.9201 requires the Department to request additional information from an applicant within 15 days upon receipt of an application, if additional information is needed.

Activity	1 <sup>st</sup> Quarter		Year-to-Date	
	No.	Percent	No.	Percent
Applications Received	81	N/A	81	N/A
Applications Processed within 15 Days	79	98%	79	98%
Applications Incomplete/More Information Needed	60	74%	60	74%
Applications Filed Online*	77	100%	77	100%
Application Fees Received Online*	14	18%	14	18%

\* Number/percent is for only those applications eligible to be filed online, potential comparative and comparative applications are not eligible to be filed online, and emergency applications have no fee.

Administrative rules R325.9206 and R325.9207 require the Department to issue a proposed decision for completed applications within 45 days for nonsubstantive, 120 days for substantive, and 150 days for comparative reviews.

Activity	1 <sup>st</sup> Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Nonsubstantive Applications	42	100%	42	100%
Substantive Applications	26	100%	26	100%
Comparative Applications	0	N/A	0	N/A

*Note:* Data in this table may not total/correlate with application received table because receive and processed dates may carry over into next month/next quarter.

Program Activity Report to CON Commission  
 FY 2017 – 1<sup>st</sup> Quarter  
 Page 2 of 2

**Measures** – continued

Administrative Rule R325.9227 requires the Department to determine if an emergency application will be reviewed pursuant to Section 22235 of the Public Health Code within 10 working days upon receipt of the emergency application request.

Activity	1 <sup>st</sup> Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Emergency Applications Received	0	N/A	0	N/A
Decisions Issued within 10 workings Days	0	N/A	0	N/A

Administrative Rule R325.9413 requires the Department to process amendment requests within the same review period as the original application.

Activity	1 <sup>st</sup> Quarter		Year-to-Date	
	Issued on Time	Percent	Issued on Time	Percent
Amendments	17	100%	17	100%

Section 22231(10) of the Public Health Code requires the Department to issue a refund of the application fee, upon written request, if the Director exceeds the time set forth in this section for a final decision for other than good cause as determined by the Commission.

Activity	1 <sup>st</sup> Quarter	Year-to-Date
Refunds Issued Pursuant to Section 22231	0	0

**Other Measures**

Activity	1 <sup>st</sup> Quarter		Year-to-Date	
	No.	Percent	No.	Percent
FOIA Requests Received	35	N/A	35	N/A
FOIA Requests Processed on Time *	35	100%	35	100%
Number of Applications Viewed Onsite	2	N/A	2	N/A

FOIA – Freedom of Information Act.

\*Request processed within 5 days or an extension filed.

## **2015 Megavoltage Radiation Therapy (MRT) – CON Statewide Compliance Review**

As part of the Megavoltage Radiation Therapy (MRT) statewide compliance review, the Department looked at 68 facilities that have MRT services based on data reported in the 2015 Certificate of Need (CON) Annual Survey. The 68 facilities that we reviewed were approved under 7 different MRT review standards dating back to June 4, 1993.

Based on the reported survey data for MRT Non-Special volume, we found that 32 of the 68 (47%) facilities are currently not meeting the volume requirements they were originally approved under. In addition 2 of the 68 (2.9%) facilities do not have a radiation oncologist immediately available; 100% are in compliance with trained staff in CPR and other emergency interventions; 13.2% are not in compliance with having accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation program (HFAP); 39.7% are not in compliance with having accreditation by the American College of Radiation/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO); and 1.5% are not in compliance with having simulation capability at the same location.

The Department is in the process of confirming survey data/responses and collecting information on additional project delivery requirements, and sent out additional questionnaire. Please see table below for the breakdown of facilities under each standards:

<b>Review Standards Effective Date</b>	<b>No. of Facilities Approved</b>
June 4, 1993	1
April 28, 2000	9
January 30, 2006	9
November 13, 2008	11
November 21, 2011	12
May 24, 2013	17
September 14, 2015	9

**June 4, 1993 MRT Review Standards**

## Volume Requirements

Total	Met	Not Met	% Met	% Not Met
1	0	1	0%	100%

Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).

Total	Met	Not Met	% Met	% Not Met
1	1	0	100%	0%

Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).

Total	Met	Not Met	% Met	% Not Met
1	1	0	100%	0%

Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).

Total	Met	Not Met	% Met	% Not Met
1	0	1	0%	100%

**April 28, 2000 MRT Review Standards**

## Volume Requirements

Total	Met	Not Met	% Met	% Not Met
9	1	8	12%	88%

Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).

Total	Met	Not Met	% Met	% Not Met
9	8	1	89%	11%

Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).

Total	Met	Not Met	% Met	% Not Met
9	7	2	78%	22%

Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).

Total	Met	Not Met	% Met	% Not Met
9	3	6	33%	67%

**January 30, 2006 MRT Review Standards**

## Volume Requirements

Total	Met	Not Met	% Met	% Not Met
9	8	1	89%	11%

Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).

Total	Met	Not Met	% Met	% Not Met
9	9	0	100%	0%

Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).

Total	Met	Not Met	% Met	% Not Met
9	9	0	100%	0%

Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).

Total	Met	Not Met	% Met	% Not Met
9	7	2	78%	22%

**November 13, 2008 MRT Review Standards**

## Volume Requirements

Total	Met	Not Met	% Met	% Not Met
11	9	2	82%	18%

Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).

Total	Met	Not Met	% Met	% Not Met
11	11	0	100%	0%

Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).

Total	Met	Not Met	% Met	% Not Met
11	8	3	73%	27%

Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).

Total	Met	Not Met	% Met	% Not Met
11	7	4	64%	36%

**November 21, 2011 MRT Review Standards**

## Volume Requirements

Total	Met	Not Met	% Met	% Not Met
12	4	8	34%	66%

Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).

Total	Met	Not Met	% Met	% Not Met
12	12	0	100%	0%

Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).

Total	Met	Not Met	% Met	% Not Met
12	8	4	67%	33%

Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).

Total	Met	Not Met	% Met	% Not Met
12	8	4	67%	33%

**May 24, 2013 MRT Review Standards**

## Volume Requirements

Total	Met	Not Met	% Met	% Not Met
17	8	9	47%	53%

Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).

Total	Met	Not Met	% Met	% Not Met
17	17	0	100%	0%

Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).

Total	Met	Not Met	% Met	% Not Met
17	16	1	94%	6%

Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).

Total	Met	Not Met	% Met	% Not Met
17	9	8	53%	47%

**September 14, 2015 MRT Review Standards**

## Volume Requirements

Total	Met	Not Met	% Met	% Not Met
9	4	5	45%	55%

Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).

Total	Met	Not Met	% Met	% Not Met
9	8	1	89%	11%

Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).

Total	Met	Not Met	% Met	% Not Met
9	9	0	100%	0%

Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).

Total	Met	Not Met	% Met	% Not Met
9	6	3	67%	33%



### CON Projects for Psych Special Pool Beds - Report to CON Commission - March 2017

CON Projects for Psych Special Pool Beds - Report to CON Commission - March 2017								
<b>Psych Beds - Adult</b>								
CON No	LOI Recd Date	Facility No	Facility Name	Project Title	Facility City	Facility County	Existing Psych Beds? Y/N	Date Application Recd
160271	08/12/16	822001	Safehaus Geriatric	New Psych Hospital w/30 Psych SP Geriatric Beds	Detroit	WAYNE	N	
160272	08/12/16	822001	Safehaus Safe Haven	New Psych Hospital w/20 Psych SP Dev Disabled Adult Beds	Detroit	WAYNE	N	
160297	08/26/16	630120	McLaren Oakland	Add 20 Psych SP Geriatric Beds	Pontiac	Oakland	Y	02/01/2017
160296	08/26/16	740020	McLaren Port Huron	Add 7 Psych SP Geriatric Beds	Port Huron	St. Clair	Y	
160304	09/01/16	090050	McLaren Bay Region	Add 20 Psych SP Geriatric Beds	Bay City	Bay	Y	02/01/2017
16-0317	09/08/16	370010	McLaren Central Michigan	New Psych Unit with 6 Geriatric SP Psych Beds (**REQUESTING 8 BEDS IN APPLICATION**)	Mt. Pleasant	Isabella	N	02/01/2017
16-0326	09/13/16	820070	Garden City Hospital	New Psych Unit with 30 SP Med Psych Adult Beds	Garden City	WAYNE	N	02/01/2017
16-0329	09/14/16	580030	ProMedica Monroe Regional Hospital	Add 15 SP Med Psych Adult Beds	Monroe	Monroe	Y	02/01/2017
16-0345	10/07/16	412530	Pine Rest Christian Mental Health Services	Add 26 Psych SP Geriatric Beds	Grand Rapids	Kent	Y	02/01/2017
16-0369	11/01/16	290010	MidMichigan Medical Center - Gratiot	Add 4 Psych SP Geriatric Beds	Alma	Gratiot	Y	02/01/2017
16-0396	11/18/16	730060	Healthsource Saginaw	Add 16 Psych SP Geriatric Beds	Saginaw	Saginaw	Y	02/01/2017
16-0414	12/14/16	832633	BCA Stonecrest	Add 16 Psych SP Geriatric Beds	Detroit	WAYNE	Y	02/01/2017
16-0415	12/14/16	832633	BCA Stonecrest	Add 16 Psych SP Dev Disabled Adult Beds	Detroit	WAYNE	Y	02/01/2017
17-0002	12/23/16	810030	St. Joseph Mercy Hospital	Add 8 Geriatric SP Psych Beds	Ann Arbor	Washtenaw	Y	
17-0021	01/16/2017	832628	SAMARITAN BEHAVIORAL CENTER	Add 30 Psych SP Geriatric Beds	Detroit	WAYNE	Y	02/01/2017
17-0057	02/16/2017	410080	SAINT MARY'S HEALTH CARE	Add 28 SP Med Psych Adult Beds	GRAND RAPIDS	KENT	Y	

CON Projects for Psych Special Pool Beds - Report to CON Commission - March 2017								
<b>Psych Beds - Child/Adolescent</b>								
CON No	LOI Recd Date	Facility No	Facility Name	Project Title	Facility City	Facility County	Existing Psych Beds? Y/N	Date Application Recd
160273	08/12/16	830450	Sinai-Grace Hospital	New Psych Unit with 10 Child Med Psych Beds	DETROIT	WAYNE	N	02/01/2017
160274	08/12/16	830450	Sinai-Grace Hospital	New Psych Unit with 10 Child Dev Disabled Psych Beds	DETROIT	WAYNE	N	02/01/2017
16-0335	09/20/2016	502530	Harbor Oaks Hospital	Add 10 Psych SP Dev Disabled Child Beds	New Baltimore	Macomb	Y	02/01/2017
16-0413	12/19/2016	832633	BCA Stonecrest	Add 5 Psych SP Dev Disabled Child Beds	DETROIT	WAYNE	Y	
<b>Summary</b>								
<b>Totals</b>	<b>Geriatric</b>	<b>Dev Disability Adult</b>	<b>Dev Disability Child</b>	<b>Med Psych-Adult</b>	<b>Med Psych - Child</b>			
<b>Beds in CON Special Pool</b>	110	110	20	110	20			
<b>Beds requested in LOIs</b>	183	36	25	73	10			
<b>Beds requested in Applications [02/01/2017]</b>	140	16	20	45	10			
<b>Number of Applications [02/01/2017]</b>	8	1	2	2	1			

**CERTIFICATE OF NEED (CON) COMMISSION WORK PLAN**

Covered Service	2016												2017											
	J*	F	M*	A	M	J*	J	A	S*	O	N	D*	J*	F	M*	A	M	J*	J	A	S*	O	N	D*
Bone Marrow Transplantation (BMT) Services	■	■	■	■	■	•R	•	•	•	•	•	•R	•	•	•R									
Cardiac Catheterization Services**										PC			•R A	•	S•	•	■	R■	■	■	R■	■	■	R-
Hospital Beds										PC			•R D	•	•R A									
Megavoltage Radiation Therapy (MRT) Services/Units										PC			•R A											
Nursing Home and Hospital Long-Term-Care Unit (NH-HLTCU) Beds	•R A	•	•A	•	•	•	•	•	•	•	•	•	•	•	•R	•P	•	•▲ F						
Open Heart Surgery (OHS) Services										PC			•R A	•	•	•	•	•R	•P	•	•▲ F			
Positron Emission Tomography (PET) Scanner Services										PC			•R A											
Surgical Services										PC			•R A	•	•	•	•	•R	•P	•	•▲ F			
Urinary Extracorporeal Shock Wave Lithotripsy Services	•R A	•	•	•	•	•	•	•	•	•	•	•R	•	•P	•▲ F									
New Medical Technology Standing Committee	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M	•M
FY2017 CON Annual Report																				•	•	•	•	•R

- KEY**
- - Receipt of proposed standards/documents, proposed Commission action
  - \* - Commission meeting
  - - Staff work/Standard advisory committee meetings
  - ▲ - Consider Public/Legislative comment
  - \*\* - Current in-process standard advisory committee or Informal Workgroup
  - - Staff work/Informal Workgroup/Commission Liaison Work/Standing Committee Work
  - A - Commission Action
  - C - Consider proposed action to delete service from list of covered clinical services requiring CON approval
  - D - Discussion
  - F - Final Commission action, Transmittal to Governor/Legislature for 45-day review period
  - M - Monitor service or new technology for changes
  - P - Commission public hearing/Legislative comment period
  - PC - Public Comment Period for initial comments on review standards for review in the upcoming year
  - R - Receipt of report
  - S - Solicit nominations for standard advisory committee or standing committee membership

Approved January 26, 2017

The CON Commission may revise this work plan at each meeting. For information about the CON Commission work plan or how to be notified of CON Commission meetings, contact the Michigan Department of Health and Human Services (MDHHS), Office of Health Policy and Innovation, Planning and Access to Care Section, 15th Floor Grand Tower Bldg., 235 S. Grand Ave., Lansing, MI 48933, 517-335-6708, [www.michigan.gov/con](http://www.michigan.gov/con).

**SCHEDULE FOR UPDATING CERTIFICATE OF NEED (CON) STANDARDS EVERY THREE YEARS\***

<b>Standards</b>	<b>Effective Date</b>	<b>Next Scheduled Update**</b>
Air Ambulance Services	June 2, 2014	2019
Bone Marrow Transplantation Services	September 29, 2014	2018
Cardiac Catheterization Services	September 14, 2015	2017
Computed Tomography (CT) Scanner Services	December 9, 2016	2019
Heart/Lung and Liver Transplantation Services	September 28, 2012	2018
Hospital Beds	March 20, 2015	2017
Magnetic Resonance Imaging (MRI) Services	October 21, 2016	2018
Megavoltage Radiation Therapy (MRT) Services/Units	September 14, 2015	2020
Neonatal Intensive Care Services/Beds (NICU)	December 9, 2016	2019
Nursing Home and Hospital Long-Term Care Unit Beds and Addendum for Special Population Groups	March 20, 2015	2019
Open Heart Surgery Services	June 2, 2014	2017
Positron Emission Tomography (PET) Scanner Services	September 14, 2015	2020
Psychiatric Beds and Services	December 9, 2016	2018
Surgical Services	December 22, 2014	2017
Urinary Extracorporeal Shock Wave Lithotripsy Services/Units	December 22, 2014	2019

\*Pursuant to MCL 333.22215 (1)(m): "In addition to subdivision (b), review and, if necessary, revise each set of certificate of need review standards at least every 3 years."

\*\*A Public Comment Period will be held in October prior to the review year to determine what, if any, changes need to be made for each standard scheduled for review. If it is determined that changes are necessary, then the standards can be deferred to a standard advisory committee (SAC), workgroup, or the Department for further review and recommendation to the CON Commission. If no changes are determined, then the standards are scheduled for review in another three years.