

Deleted: COMMUNITY

**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

(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.

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

(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.

Deleted: Community

(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.

Deleted: MDCH

(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

Deleted: Community

Deleted: MDCH

Deleted: Section 14

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.

Deleted: MDCH

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.

Deleted: set forth in Appendix B

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.

Deleted: established in Appendix B

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
175 **Section 4. Bed need**

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

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

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
195 **Section 5. Modification of the age specific use rates by changing the base year**

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

208
209 **Section 6. Requirements for approval to increase beds in a planning area**

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

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.

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

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
 383 **Section 7. Requirements for approval to replace beds**

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

386
 387 (1) An applicant proposing to replace beds within the replacement zone shall not be required to be
 388 in compliance with the needed nursing home bed supply if all of the following requirements are met:
 389 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 390 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 391 nursing homes/HLTCUs:
 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
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Deleted: 400
Deleted: room
Deleted: entrance width

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.

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

791 (a) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's
792 actual Medicaid participation within the time periods specified in these standards. Compliance with
793 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's
794 actual patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable
795 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative
796 review process. If any of the following occurs, an applicant shall be required to be in compliance with the
797 range in the schedule immediately below the range for which points had been awarded in Section
798 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in
799 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.

Deleted: Community

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.

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

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

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

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

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

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

876
877 **Section 14. Effect on prior CON review standards, comparative reviews**

878
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;**

Deleted: 15

Deleted: 2010

Deleted: 11

Deleted: 2011

Deleted: a rural county

- 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).

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

Deleted: or (iii)

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

906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954

APPENDIX A

Counties assigned to each of the HSAs are as follows:

HSA	COUNTIES			
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: **APPENDIX B**

956
957

**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

Deleted: **APPENDIX C**

**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

Alcona . . . 0.90
Alger . . . 0.90
Allegan . . . 0.95
Alpena . . . 0.95
Antrim . . . 0.95
Arenac . . . 0.90

Baraga . . . 0.90
Barry . . . 0.95
Bay . . . 0.95
Benzie . . . 0.95
Berrien . . . 0.95
Branch . . . 0.95

Calhoun . . . 0.95
Cass . . . 0.95
Charlevoix . . . 0.95
Cheboygan . . . 0.95
Chippewa . . . 0.95
Clare . . . 0.95
Clinton . . . 0.95
Crawford . . . 0.90

Delta . . . 0.95
Dickinson . . . 0.95

Eaton . . . 0.95
Emmet . . . 0.95

Genesee . . . 0.95
Gladwin . . . 0.95
Gogebic . . . 0.95
Gd. Traverse . . . 0.95
Griiot . . . 0.95

Hillsdale . . . 0.95
Houghton/Keweenaw . . . 0.95
Huron . . . 0.95

Section Break (Next Page)

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

ADC
Adjustment
Planning Area Factor

Ingham . . . 0.95
Ionia . . . 0.95
Iosco . . . 0.95
Iron . . . 0.90

1127
1128
1129

Rural Michigan counties are as follows:

1130			
1131	Alcona	Gogebic	Ogemaw
1132	Alger	Huron	Ontonagon
1133	Antrim	Iosco	Osceola
1134	Arenac	Iron	Oscoda
1135	Baraga	Lake	Otsego
1136	Charlevoix	Luce	Presque Isle
1137	Cheboygan	Mackinac	Roscommon
1138	Clare	Manistee	Sanilac
1139	Crawford	Montmorency	Schoolcraft
1140	Emmet	Newaygo	Tuscola
1141	Gladwin	Oceana	

1142

Micropolitan statistical area Michigan counties are as follows:

1143			
1144			
1145	Allegan	Hillsdale	Mason
1146	Alpena	Houghton	Mecosta
1147	Benzie	Ionia	Menominee
1148	Branch	Isabella	Missaukee
1149	Chippewa	Kalkaska	St. Joseph
1150	Delta	Keweenaw	Shiawassee
1151	Dickinson	Leelanau	Wexford
1152	Grand Traverse	Lenawee	
1153	Gratiot	Marquette	

1154

Metropolitan statistical area Michigan counties are as follows:

1155			
1156			
1157	Barry	Jackson	Muskegon
1158	Bay	Kalamazoo	Oakland
1159	Berrien	Kent	Ottawa
1160	Calhoun	Lapeer	Saginaw
1161	Cass	Livingston	St. Clair
1162	Clinton	Macomb	Van Buren
1163	Eaton	Midland	Washtenaw
1164	Genesee	Monroe	Wayne
1165	Ingham	Montcalm	

1166

Source:

1167

75 F.R., p. 37245 (June 28, 2010)

1168

Statistical Policy Office

1169

Office of Information and Regulatory Affairs

1170

United States Office of Management and Budget

1171

1172

1173

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

Deleted: APPENDIX E
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
Page Break

Deleted: COMMUNITY
Deleted: 400
Deleted: 400
Deleted:
Deleted: ENTRANCE WIDTH

Deleted: (b) "Hospice" means a health care program licensed under Part 214 of the Code, being Section 333.21401 et seq.
Deleted: c

Deleted: d

Deleted: e

Deleted: f

1276 degenerative or congenital nature. These impairments may be either temporary or permanent and cause
1277 partial or total functional disability or psychosocial adjustment.
1278 (h) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory
1279 assistance.

Deleted: g

1280
1281 **Section 2. Requirements for approval -- applicants proposing to increase nursing home beds --**
1282 **special use exceptions**

1283
1284 Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would
1285 otherwise cause the total number of nursing home beds in that planning area to exceed the needed
1286 nursing home bed supply or cause an increase in an existing excess as determined under the applicable
1287 CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be
1288 approved pursuant to this addendum.

1289
1290 **Section 3. Statewide pool for the needs of special population groups within the long-term care**
1291 **and nursing home populations**

1292
1293 Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is
1294 established to better meet the needs of special population groups within the long-term care and nursing
1295 home populations. Beds in the pool shall be allocated as follows:

1296 (a) These categories shall be allocated 1,039 beds and distributed as follows and shall be
1297 reduced/redistributed in accordance with subsection (c):

Deleted: 109

- 1298 (i) TBI/SCI beds will be allocated 400 beds.
- 1299 (ii) Behavioral beds will be allocated 400 beds.
- 1300 (iii) BARIATRIC beds will be allocated 60 beds.
- 1301 (iv) Ventilator-dependent beds will be allocated 179 beds.

Deleted: Hospice

Deleted: 130

Deleted: ¶

Deleted: 849

1302
1303 (b) The following historical categories have been allocated 919 beds. Additional beds shall not be
1304 allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be
1305 eliminated and not be returned to the statewide pool for special population groups.

Deleted: .

- 1306 (i) Alzheimer's disease has 384 beds.
- 1307 (ii) Health care needs for skilled nursing care has 173 beds.
- 1308 (iii) Religious has 292 beds.
- 1309 (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. ¶

1310
1311 (c) THE COMMISSION MAY ADJUST/REDISTRIBUTE THE NUMBER OF BEDS AVAILABLE IN
1312 THE STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS IN SUBSECTION
1313 (1)(a) CONCURRENT WITH THE BIENNIAL RECALCULATION OF THE STATEWIDE NURSING HOME
1314 AND HOSPITAL LONG-TERM CARE UNIT BED NEED. MODIFYING THE NUMBER OF BEDS
1315 AVAILABLE IN THE STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS IN
1316 SUBSECTION (1)(a) PURSUANT TO THIS SECTION SHALL NOT REQUIRE A PUBLIC HEARING OR
1317 SUBMITTAL OF THE STANDARD TO THE LEGISLATURE AND THE GOVERNOR IN ORDER TO
1318 BECOME EFFECTIVE.

(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: ¶

1319
1320 (d) By setting aside these beds from the total statewide pool, the Commission's action applies only
1321 to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not
1322 preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or
1323 other health care settings in compliance with applicable statutory or certification requirements.

(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.

1324
1325 (2) Increases in nursing home beds approved under this addendum for special population groups
1326 shall not cause planning areas currently showing an unmet bed need to have that need reduced or
1327 planning areas showing a current surplus of beds to have that surplus increased.

1328

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
1399 (2) Beds approved under this subsection shall not be converted to **OR UTILIZED AS** general
1400 nursing home use without a CON for nursing home and hospital long-term care unit beds under the CON
1401 review standards for nursing home and hospital long-term care unit beds and shall not be offered to
1402 individuals other than TBI/SCI patients.
1403

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

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

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

1425
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
1433 **Sec. 6. The CON Commission determines there is a need for beds for APPLICATIONS DESIGNED**
1434 **TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF SPECIALIZED PROGRAMS FOR THE**
1435 **CARE AND TREATMENT OF BARIATRIC PATIENTS AS COMPARED TO SERVING THESE NEEDS IN**
1436 **GENERAL NURSING HOME UNIT(S).**

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

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

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

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

Deleted:

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.

Deleted: b

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

Deleted: d

Deleted: An applicant for beds from the special statewide pool of beds shall not be approved if any application for beds in that same planning area has been approved from the special statewide pool of beds allocated for hospice

Deleted: UNIT/

Deleted: ¶

Deleted: e

Deleted: THE

Deleted: f

Deleted: g

Deleted: UNIT/

Deleted: THE

Deleted: FIRST

Deleted:

Deleted: R

Deleted: E

Deleted: ¶

Deleted: TO

Deleted: UNDER THE CON REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS

- 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.

Deleted: ¶

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 (a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.
 1616 (b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND
 1617 SEAMLESS INCLUSIVE RESIDENT DESIGN.
 1618 (c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR
 1619 INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.
 1620

- Deleted: (a) INDIVIDUAL UNITS SHALL CONSIST OF 10 BEDS OR LESS PER UNIT.
- Deleted: b
- Deleted: c
- Deleted: d
- Deleted: UNIT/

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

1648 **Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**
1649 **under Section 3(1) of this addendum**
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 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1665 only patients which require long-term nursing care and have been appropriately classified as a patient on
1666 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1667 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1668 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1669 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1670 home and be no larger than 20 beds in size.

1671 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
1672 the health facility, appropriate for unsupervised activity.

1673 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1674 which is solely for the use of the Alzheimer's unit patients.

1675 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1676 reflections to promote visual and spatial orientation.

1677 (g) Staff will be specially trained in Alzheimer's disease treatment.
1678
1679

Deleted: e

Deleted: THE

Deleted: f

Deleted: UNIT/

Deleted: g

Deleted: UNIT/

Deleted: THE

Deleted: FIRST

Deleted: h

Deleted: FOR NURSING HOME AND HOSPITAL LONG-
TERM CARE UNIT BEDS

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

- Deleted: (a) INDIVIDUAL UNITS SHALL CONSIST OF 10 BEDS OR LESS PER UNIT,†
- Deleted: b
- Deleted: c
- Deleted: d
- Deleted: UNIT/
- Deleted: e
- Deleted: THE
- Deleted: f
- Deleted: UNIT/
- Deleted: g
- Deleted: UNIT/
- Deleted: THE
- Deleted: FIRST
- Deleted: h

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

Deleted: April 30

Deleted: 2008

Deleted: June

Deleted: 2008