

1 MICHIGAN DEPARTMENT OF **COMMUNITY HEALTH AND HUMAN SERVICES**
2
3 **CERTIFICATE OF NEED (CON) REVIEW STANDARDS**
4 **FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT (HLTCU) BEDS**
5

6 (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
7 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
8 sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)
9

10 **Section 1. Applicability**

11
12 Sec. 1. (1) These standards are requirements for approval under Part 222 of the Code that involve
13 a) beginning operation of a new nursing home/HLTCU, (b) replacing beds in a nursing home/HLTCU or
14 physically relocating nursing home/HLTCU beds from one licensed site to another geographic location,
15 (c) increasing licensed beds in a nursing home/HLTCU licensed under Part 217 and a HLTCU defined in
16 Section 20106(6), or (d) acquiring a nursing home/HLTCU. Pursuant to the Code, a nursing
17 home/HLTCU is a covered health facility. The Department shall use these standards in applying Section
18 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and Section
19 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.
20

21 (2) An increase in licensed nursing home/HLTCU beds is a change in bed capacity for purposes of
22 Part 222 of the Code.
23

24
25 (3) The physical relocation of nursing home/HLTCU beds from a licensed site to another geographic
26 location is a change in bed capacity for purposes of Part 222 of the Code.
27

28 **Section 2. Definitions**

29
30 Sec. 2. (1) As used in these standards:

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

35 (b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived
36 during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is
37 divided. ~~For planning areas with an ADC of less than 100, the ADC adjustment factor is 0.90 and for~~
38 ~~ALL planning areas with an ADC of 100 or more, the ADC adjustment factor is 0.95.~~

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

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

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

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

49 (g) "Common ownership or control" means a nursing home, regardless of the state in which it is
50 located, that is owned by, is under common control of, or has a common parent as the applicant nursing

51 home pursuant to the definition of common ownership or control utilized by the Department of Licensing
52 and Regulatory Affairs (LARA), Bureau of Health Care Services.

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

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

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

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

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

76 (m) "Health service area" or "HSA" means the geographic area established for a health systems
77 agency pursuant to former Section 1511 of the Public Health Service Act and set forth in **Section**
78 **44APPENDIX A**.

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

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

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

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

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

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

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

101 (u) "Occupancy rate" means the percentage which expresses the ratio of the actual number of
102 patient days of care provided divided by the total number of patient days. Total patient days is calculated
103 by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying
104 these beds by the number of days that they were licensed and/or CON approved but not yet licensed.
105 This shall include nursing home beds approved from the statewide pool. Occupancy rates shall be
106 calculated using verifiable data from the actual number of patient days of care for 12 continuous months
107 of data from the CON Annual Survey or other comparable MDCH-MDHHS survey instrument.

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

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

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

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

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

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

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

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

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

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

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

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

138
139 (2) The definitions in Part 222 of the Code shall apply to these standards.
140

141 **Section 3. Determination of needed nursing home bed supply**

142
143 Sec. 3 (1)(a) The age specific use rates for the planning year shall be the actual statewide age
144 specific nursing home use rates using data from the base year.

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

147 (c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5,
148 the use rates for the base year PER 1000 POPULATION for each corresponding age cohort, established
149 in accord with subsection (1)(b), are ~~set forth in Appendix B~~ POSTED ON THE STATE OF MICHIGAN
150 CON WEB SITE.
151

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

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

156 (b) Multiply each population age cohort by the corresponding use rate established in Appendix B
157 WHICH IS POSTED ON THE STATE OF MICHIGAN CON WEB SITE.

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

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

162 (e) ~~The following shall be known as the ADC adjustment factor. (i) If the ADC determined in~~
163 ~~subsection (d) is less than 100, divide the ADC DETERMINED IN SUBSECTION (d) by 0.90. (ii) If the~~
164 ~~ADC determined in subsection (d) is 100 or greater, divide the ADC by 0.95.~~

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

167 **Section 4. Bed need**

168
169 Sec. 4. (1) The bed need numbers shall apply to project applications subject to review under these
170 standards, except where a specific CON standard states otherwise.

171
172 (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis.

173
174 (3) The base year and the planning year that shall be utilized in applying the methodology pursuant
175 to subsection (2) shall be set according to the most recent data available to the Department.

176
177 (4) The effective date of the bed need numbers shall be established by the Commission.

178
179 (5) New bed need numbers established by subsections (2) and (3) shall supersede previous bed
180 need numbers and shall be posted on the state of Michigan CON web site as part of the Nursing
181 Home/HLTCU Bed Inventory.

182
183 (6) Modifications made by the Commission pursuant to this section shall not require standard
184 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
185 Governor in order to become effective.

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

187
188 Sec. 5. (1) The base year shall be modified based on data obtained from the Department and
189 presented to the Commission. The Department shall calculate use rates for each of the age cohorts set
190 forth in Section 3(1)(b) and biennially present the revised use rates based on 2006 information, or the
191 most recent base year information available biennially after 2006, to the CON Commission.

192
193 (2) The Commission shall establish the effective date of the modifications made pursuant to
194 subsection (1).

195
196 (3) Modifications made by the Commission pursuant to subsection (1) shall not require standard
197 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
198 Governor in order to become effective.

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

203
204 Sec. 6. An applicant proposing to increase the number of nursing home beds in a planning area
205 must meet the following as applicable:
206

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

210 (a) At the time of application, the applicant, as identified in the table, shall provide a report
211 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
212 nursing homes/HLTCUs:
213

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

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

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

219 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
220 initiated by the Department or licensing and certification agency in another state, within the last three
221 years, or from the change of ownership date if the facility has come under common ownership or control
222 within 24 months of the date of the application.
223

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

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

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

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

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

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

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

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

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

270 ~~(iii) An applicant may request and be approved for up to a maximum of 20 beds if the following~~
271 ~~requirements are met:~~

272 ~~(A) The planning area in which the beds will be located shall have a population density of less than~~
273 ~~28 individuals per square mile based on the 2010 U.S. Census figures as set forth in Appendix E.~~

274 ~~(B) The applicant facility has experienced an average occupancy rate of 92% for the most recent~~
275 ~~two years12 CONSECUTIVE MONTHS AND 90% OR ABOVE FOR THE PRIOR 12 MONTHS AS~~
276 ~~VERIFIABLE BY THE DEPARTMENT AS OF THE DATE AN APPLICATION IS SUBMITTED TO THE~~
277 ~~DEPARTMENT-based on the CON Annual Survey.~~

278 ~~(B) THE APPLICANT FACILITY HAS NOT DECREASED THE NUMBER OF LICENSED BEDS~~
279 ~~WITHIN THE 24 MONTHS PRECEDING THE APPLICATION DATE.~~

280 ~~(C) THE APPLICANT FACILITY SHALL PROPOSE NO MORE THAN TWO BEDS PER~~
281 ~~RESIDENT ROOM AND SHALL ELIMINATE ALL THREE AND/OR FOUR BED WARDS WITHIN THE~~
282 ~~EXISTING FACILITY, IF APPLICABLE, AS PART OF THE PROPOSED PROJECT.~~

283 ~~(D) THE APPLICANT FACILITY SHALL CERTIFY THE NEW BEDS FOR BOTH MEDICARE AND~~
284 ~~MEDICAID.~~

285 ~~(E) THE APPLICANT FACILITY SHALL NOT RELOCATE ANY BEDS FROM THE FACILITY OR~~
286 ~~REPLACE A PORTION OF BEDS TO A NEW SITE PURSUANT TO SECTION 7(3)(d), FOLLOWING~~
287 ~~CON APPROVAL AND FOR AT LEAST 24 MONTHS FROM THE DATE OF THE LICENSURE OF THE~~
288 ~~NEW BEDS AT THE FACILITY.~~

289 (2) An applicant proposing to increase the number of nursing home beds in a planning area by
290 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing
291 licensed nursing home/HLTCU pursuant to the new design model shall demonstrate the following:
292

293 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 294 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 295 nursing homes/HLTCUs:
 296

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

- 297
- 298 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
 299 receivership within the last three years, or from the change of ownership date if the facility has come
 300 under common ownership or control within 24 months of the date of the application.
- 301 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
 302 facility has come under common ownership or control within 24 months of the date of the application.
- 303 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
 304 initiated by the Department or licensing and certification agency in another state, within the last three
 305 years, or from the change of ownership date if the facility has come under common ownership or control
 306 within 24 months of the date of the application.
- 307 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
 308 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
 309 from the quarter in which the standard survey was completed, in the state in which the nursing
 310 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
 311 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
 312 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
 313 the change of ownership date, shall be excluded.
- 314 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
 315 Services.
- 316 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality
 317 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review
 318 (PASARR) or Civil Monetary Penalties (CMP).
- 319 (b) The proposed project results in no more than 100 beds per new design model and meets the
 320 following design standards:
- 321 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the
 322 construction standards shall be those applicable to nursing homes in the document entitled Minimum
 323 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section
 324 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any
 325 future versions.
- 326 (ii) For small resident housing units of 10 beds or less that are supported by a central support
 327 inpatient facility, the construction standards shall be those applicable to hospice residences providing an
 328 inpatient level of care, except that:
- 329 (A) at least 100% of all resident sleeping rooms shall meet barrier free requirements;
- 330 (B) electronic nurse call systems shall be required in all facilities;
- 331 (C) handrails shall be required on both sides of patient corridors; and
- 332 (D) ceiling heights shall be a minimum of 7 feet 10 inches.
- 333 (iii) The proposed project shall comply with applicable life safety code requirements and shall be
 334 fully sprinkled and air conditioned.

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

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

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

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

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

349

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

351

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

353

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

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

359

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

360

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

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

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

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

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

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

382 (b) The proposed project is either to replace the licensed nursing home/HLTCU to a new proposed
383 licensed site or replace a portion of the licensed beds at the existing licensed site.

384 (c) The proposed licensed site is within the replacement zone.

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

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

392
393 (2) An applicant proposing to replace a licensed nursing home/HLTCU outside the replacement
394 zone shall demonstrate all of the following:

395 (a) At the time of application, the applicant, as identified in the table, shall provide a report
396 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
397 nursing homes/HLTCUs:
398

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

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

402
403 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
404 facility has come under common ownership or control within 24 months of the date of the application.

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

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

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

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

421 (b) The total number of existing nursing home beds in that planning area is equal to or less than
422 the needed nursing home bed supply.

423 (c) The number of beds to be replaced is equal to or less than the number of currently licensed
424 beds at the nursing home/HLTCU at which the beds proposed for replacement are currently located.

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

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

432
433 (3) An applicant proposing to replace beds with a new design model shall not be required to be in
434 compliance with the needed nursing home bed supply if all of the following requirements are met:

435 (a) The proposed project results in no more than 100 beds per new design model and meets the
436 following design standards:

437 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the
438 construction standards shall be those applicable to nursing homes in the document entitled Minimum
439 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section
440 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any
441 future versions.

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

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

446 (b) electronic nurse call systems shall be required in all facilities;

447 (c) handrails shall be required on both sides of patient corridors; and

448 (d) ceiling heights shall be a minimum of 7 feet 10 inches.

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

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

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

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

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

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

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

466 (d) An approved project may involve replacement of a portion of the beds of an existing facility at a
467 geographic location within the replacement zone that is not physically connected to the current licensed
468 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate
469 license shall be issued to the facility at the new location. **IF BEDS HAVE BEEN ADDED PURSUANT TO**

470 **SECTION 6(1)(d)(ii). THEN THE APPLICANT FACILITY SHALL NOT RELOCATE ANY BEDS FROM**
 471 **THE FACILITY OR REPLACE A PORTION OF BEDS TO A NEW SITE FOLLOWING CON APPROVAL**
 472 **AND FOR AT LEAST 24 MONTHS FROM THE DATE OF THE LICENSURE OF THE NEW BEDS AT**
 473 **THE FACILITY.**

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

477
 478 **Section 8. Requirements for approval to relocate existing nursing home/HLTCU beds**

479
 480 Sec. 8. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be
 481 required to be in compliance with the needed nursing home bed supply if all of the following requirements
 482 are met:

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

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

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

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

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

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

498
 499 (2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing
 500 nursing home/HLTCU under subsection (1), shall not be required to be in compliance with the needed
 501 nursing home bed supply if all of the following requirements are met:

502 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 503 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 504 nursing homes/HLTCUs:
 505

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

506
 507 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
 508 receivership within the last three years, or from the change of ownership date if the facility has come
 509 under common ownership or control within 24 months of the date of the application.

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

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

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

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

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

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

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

533

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

536

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

539

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

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

546

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

547

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

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

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

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

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

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

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

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

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

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

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

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

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

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

589
590 (2) An applicant proposing to acquire an existing nursing home/HLTCU approved pursuant to the
591 new design model shall demonstrate the following:

592 (a) At the time of application, the applicant, as identified in the table, shall provide a report
593 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
594 nursing homes/HLTCUs:
595

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

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

(d) 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.

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

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

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

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

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

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

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

646
647 **Section 10. Review standards for comparative review**

648
649 Sec. 10. (1) Any application subject to comparative review, under Section 22229 of the Code, being
650 Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and
651 reviewed comparatively with other applications in accordance with the CON rules.

652
653 (2) The degree to which each application in a comparative group meets the criterion set forth in
654 Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws, shall be
655 determined based on the sum of points awarded under subsections (a) and (b).

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

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

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

661

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

662
663 (b) A qualifying project will be awarded 10 points if all beds in the proposed project will be dually
664 certified for both Medicare and Medicaid services by the second 12 months of operation.

665
666 (3) A qualifying project will have 15 points deducted if the applicant has any of the following at the
667 time the application is submitted:

668 (a) has been a special focus nursing home/HLTCU within the last three (3) years;

669 (b) has had more than eight (8) substandard quality of care citations; immediate harm citations,
670 and/or immediate jeopardy citations in the three (3) most recent standard survey cycles (includes
671 intervening abbreviated surveys, standard surveys, and revisits);

672 (c) has had an involuntary termination or voluntary termination at the threat of a medical
673 assistance provider enrollment and trading partner agreement within the last three (3) years;

674 (d) has had a state enforcement action resulting in a reduction in license capacity or a ban on
675 admissions within the last three (3) years; or

676 (e) has any delinquent debt obligation to the state of Michigan including, but not limited to, quality
677 assurance assessment program (QAAP), civil monetary penalties (CMP), Medicaid level of care
678 determination (LOCD), or preadmission screening and annual resident review (PASARR).

679
680 (4) A qualifying project will be awarded three (3) points if the applicant provides documentation that
681 it participates or if it proposes to participate in a culture change model, which contains person centered
682 care, ongoing staff training, and measurements of outcomes. An additional five (5) points will be awarded
683 if the culture change model, either currently used or proposed, is a model approved by the Department.

684
685 (5) A qualifying project will be awarded points based on the proposed percentage of the
686 "Applicant's cash" to be applied toward funding the total proposed project cost as follows:

Percentage “Applicant’s Cash”	Points Awarded
Over 20%	5
10 – 20%	3
5 – 9%	2

688
689 (6) A qualifying project will be awarded four (4) points if the entire existing and proposed nursing
690 home/HLTCU is fully equipped with air conditioning. Fully equipped with air conditioning means meeting
691 the design temperatures in table 6b of the minimum design standards for health care facilities in Michigan
692 and capable of maintaining a temperature of 71 – 81 degrees for the resident unit corridors.
693

694 (7) A qualifying project will be awarded six (6) or four (4) points based on only one of the following:

695 (a) Six (6) points if the proposed project has 100% rooms with dedicated toilet room containing a
696 sink, water closet, and bathing facility or

697 (b) Four (4) points if the proposed project has 80% private rooms with dedicated toilet room
698 containing a sink, water closet and bathing facility.
699

700 (8) A qualifying project will be awarded 10 points if it results in a nursing home/HLTCU with 150 or
701 fewer beds in total.
702

703 (9) A qualifying project will be awarded five (5) points if the proposed beds will be housed in new
704 construction.
705

706 (10) A qualifying project will be awarded 10 points if the entire existing nursing home/HLTCU and its
707 proposed project will have no more than double occupancy rooms at completion of the project.
708

709 (11) A qualifying project will be awarded two (2) points if the existing or proposed nursing
710 home/HLTCU is on or readily accessible to an existing or proposed public transportation route.
711

712 (12) A qualifying project will be awarded points for technological innovation as follows:
713

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

714
715 (13) A qualifying project will be awarded three (3) points if the proposed project includes bariatric
716 rooms as follows: project using 0 – 49 beds will result in at least one (1) bariatric room or project using 50

717 or more beds will result in at least two (2) bariatric rooms. Bariatric room means the creation of patient
718 room(s) included as part of the CON project, and identified on the architectural schematics, that are
719 designed to accommodate the needs of bariatric patients weighing over 400-350 pounds. The bariatric
720 patient rooms shall have a larger **ENTRANCE WIDTH FOR THE ROOM** room and bathroom **entrance**
721 **width** to accommodate over-sized equipment, and shall include a minimum of a bariatric bed, bariatric
722 toilet, bariatric wheelchair, and a device to assist resident movement (such as a portable or build in lift). If
723 an in-room shower is not included in the bariatric patient room, the main/central shower room that is
724 located on the same floor as the bariatric patient room(s) shall include at least one (1) shower stall that
725 has an opening width and depth that is larger than minimum MI code requirements.

726
727 (14) Submission of conflicting information in this section may result in a lower point award. If an
728 application contains conflicting information which could result in a different point value being awarded in
729 this section, the Department will award points based on the lower point value that could be awarded from
730 the conflicting information. For example, if submitted information would result in 6 points being awarded,
731 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If
732 the conflicting information does not affect the point value, the Department will award points accordingly.
733 For example, if submitted information would result in 12 points being awarded and other conflicting
734 information would also result in 12 points being awarded, then 12 points will be awarded.

735
736 (15) The Department shall approve those qualifying projects which, when taken together, do not
737 exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan
738 Compiled Laws, and which have the highest number of points when the results of subsections (2) through
739 (12) are totaled. If two or more qualifying projects are determined to have an identical number of points,
740 then the Department shall approve those qualifying projects which, when taken together, do not exceed
741 the need, as defined in Section 22225(1), in the order in which the applications were received by the
742 Department, based on the date and time stamp on the application when the application is filed.

743 **Section 11. Project delivery requirements and terms of approval**

744
745 Sec. 11. An applicant shall agree that, if approved, the nursing home/HLTCU services shall be
746 delivered in compliance with the following terms of approval:

747
748 (1) Compliance with these standards, including the requirements of Section 10. If an applicant is
749 awarded beds pursuant to Section 10 and representations made in that section, the Department shall
750 monitor compliance with those statements and representations and shall determine actions for non-
751 compliance.

752
753 (2) Compliance with the following applicable quality assurance standards:

754 (a) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's
755 actual Medicaid participation within the time periods specified in these standards. Compliance with
756 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's
757 actual patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable
758 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative
759 review process. If any of the following occurs, an applicant shall be required to be in compliance with the
760 range in the schedule immediately below the range for which points had been awarded in Section
761 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in
762 order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid
763 recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between
764 the second 12 months of operation after project completion and the most recent 12-month period for
765 which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement
766 to the applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs
767

768 as defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security
769 Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's
770 patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed
771 nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days
772 reimbursed by Medicaid for the most recent year for which data are available from the Michigan
773 Department of ~~Community Health~~ **AND HUMAN SERVICES** [subsection (iii) is applicable only to Section
774 10(2)(a)]. In evaluating subsection (ii), the Department shall rely on both the annual inflation index and
775 the actual rate increases in per diem reimbursement to the applicant nursing home/HLTCU and/or all
776 nursing homes/HLTCUs in the HSA.

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

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

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

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

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

789 (i) not deny services to any individual based on payor source.

790 (ii) maintain information by source of payment to indicate the volume of care from each payor and
791 non-payor source provided annually.

792 (iii) provide services to any individual based on clinical indications of need for the services.

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

794 (a) The applicant shall participate in a data collection network established and administered by the
795 Department or its designee. The data may include, but is not limited to, annual budget and cost
796 information; operating schedules; and demographic, diagnostic, morbidity, and mortality information, as
797 well as the volume of care provided to patients from all payor sources. The applicant shall provide the
798 required data on an individual basis for each licensed site, in a format established by the Department, and
799 in a mutually agreed upon media. The Department may elect to verify the data through on-site review of
800 appropriate records.

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

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

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

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

811 Sec. 12. The Department shall maintain a listing of the Department Inventory of Beds for each
812 planning area.

819
820 **Section 13. Wayne County planning areas**

821
822 Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are
823 assigned to the planning areas as follows:

824
825 Planning Area 84/Northwest Wayne

826
827 Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville
828 Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland

829
830 Planning area 85/Southwest Wayne

831
832 Allen Park, Belleville, Brownstown Township, Ecorse, Flat Rock, Gibraltar, Grosse Ile Township, Huron
833 Township, Lincoln Park, Melvindale, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter
834 Township, Taylor, Trenton, Van Buren Township, Woodhaven, Wyandotte

835
836 Planning area 86/Detroit

837
838 Detroit, Grosse Pointe, Grosse Pointe Township, Grosse Pointe Farms, Grosse Pointe Park, Grosse
839 Pointe Woods, Hamtramck, Harper Woods, Highland Park

840
841 **Section 14. Effect on prior CON review standards, comparative reviews**

842
843 Sec. 14. (1) These CON review standards supersede and replace the CON Standards for Nursing
844 Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on
845 December 15, 2011, 2010-2014 and effective on March 11, 2012, 2011-2015.

846
847 (2) Projects reviewed under these standards involving a change in bed capacity shall be subject to
848 comparative review except as follows:

849 (a) replacement of an existing nursing home/HLTCU being replaced in a rural county ~~THE~~
850 REPLACEMENT ZONE;

851 (b) replacement of an existing nursing home/HLTCU in a micropolitan or metropolitan statistical
852 area county that is within two miles of the existing nursing home/HLTCU PURSUANT TO SECTION 7(3)
853 AND WITHIN THE SAME PLANNING AREA AS THE EXISTING LICENSED SITE;

854 (c) relocation of existing nursing home/HLTCU beds; or

855 (d) an increase in beds pursuant to Section 6(1)(d)(ii) ~~or (iii).~~

856
857 (3) Projects reviewed under these standards that relate solely to the acquisition of an existing
858 nursing home/HLTCU or the renewal of a lease shall not be subject to comparative review.

859
860

861
862 Counties assigned to each of the HSAs are as follows:
863

864	HSA	COUNTIES		
865	1	Livingston	Monroe	St. Clair
866		Macomb	Oakland	Washtenaw
867		Wayne		
868	2	Clinton	Hillsdale	Jackson
869		Eaton	Ingham	Lenawee
870	3	Barry	Calhoun	St. Joseph
871		Berrien	Cass	Van Buren
872		Branch	Kalamazoo	
873	4	Allegan	Mason	Newaygo
874		Ionia	Mecosta	Oceana
875		Kent	Montcalm	Osceola
876		Lake	Muskegon	Ottawa
877	5	Genesee	Lapeer	Shiawassee
878				
879	6	Arenac	Huron	Roscommon
880		Bay	Iosco	Saginaw
881		Clare	Isabella	Sanilac
882		Gladwin	Midland	Tuscola
883		Gratiot	Ogemaw	
884	7	Alcona	Crawford	Missaukee
885		Alpena	Emmet	Montmorency
886		Antrim	Gd Traverse	Oscoda
887		Benzie	Kalkaska	Otsego
888		Charlevoix	Leelanau	Presque Isle
889		Cheboygan	Manistee	Wexford
890	8	Alger	Gogebic	Mackinac
891		Baraga	Houghton	Marquette
892		Chippewa	Iron	Menominee
893		Delta	Keweenaw	Ontonagon
894		Dickinson	Luce	Schoolcraft

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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, 2013~~2016~~, 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~~

**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:

Planning Area	ADC Adjustment 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
Gegebic	0.95
Gd. Traverse	0.95
Gratiot	0.95
Hillsdale	0.95
Houghton/Keweenaw	0.95
Huron	0.95

APPENDIX C - continued

977		
978		
979		ADC
980		Adjustment
981	Planning Area	Factor
982		
983		
984	Ingham	0.95
985	Ionia	0.95
986	Iosco	0.95
987	Iron	0.90
988	Isabella	0.95
989		
990	Jackson	0.95
991		
992	Kalamazoo	0.95
993	Kalkaska	0.90
994	Kent	0.95
995		
996	Lake	0.90
997	Lapeer	0.95
998	Leelanau	0.95
999	Lenawee	0.95
1000	Livingston	0.95
1001	Luce	0.90
1002		
1003	Mackinac	0.90
1004	Macomb	0.95
1005	Manistee	0.95
1006	Marquette	0.95
1007	Mason	0.95
1008	Mecosta	0.95
1009	Menominee	0.95
1010	Midland	0.95
1011	Missaukee	0.90
1012	Monroe	0.95
1013	Montcalm	0.95
1014	Montmorency	0.90
1015	Muskegon	0.95
1016		
1017	Newaygo	0.95
1018		
1019	Oakland	0.95
1020	Oceana	0.95
1021	Ogemaw	0.95
1022	Ontonagon	0.90
1023	Osceola	0.95
1024	Oscoda	0.90
1025	Otsego	0.95
1026	Ottawa	0.95
1027		
1028		

	APPENDIX B - continued	
		ADC
		Adjustment
	Planning Area	Factor
1029		
1030		
1031		
1032		
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1036	Presque Isle	0.95
1037		
1038	Roscommon	0.95
1039		
1040	Saginaw	0.95
1041	St. Clair	0.95
1042	St. Joseph	0.95
1043	Sanilac	0.95
1044	Schoolcraft	0.90
1045	Shiawassee	0.95
1046		
1047	Tuscola	0.95
1048		
1049	Van Buren	0.95
1050		
1051	Washtenaw	0.95
1052	Wexford	0.95
1053	NW Wayne	0.95
1054	SW Wayne	0.95
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1056	Detroit	0.95
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Rural Michigan counties are as follows:

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

Micropolitan statistical area Michigan counties are as follows:

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

Metropolitan statistical area Michigan counties are as follows:

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

Source:

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

**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.

Area	Population Density
	Planning
	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

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

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

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

Section 1. Applicability; definitions

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

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

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

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

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

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

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

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

(ed) "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.

(de) "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.

(ef) "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.

1211 (fg) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or
1212 SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a
1213 degenerative or congenital nature. These impairments may be either temporary or permanent and cause
1214 partial or total functional disability or psychosocial adjustment.

1215 (gh) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory
1216 assistance.

1217 **Section 2. Requirements for approval -- applicants proposing to increase nursing home beds --** 1218 **special use exceptions**

1219
1220 Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would
1221 otherwise cause the total number of nursing home beds in that planning area to exceed the needed
1222 nursing home bed supply or cause an increase in an existing excess as determined under the applicable
1223 CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be
1224 approved pursuant to this addendum.
1225
1226

1227 **Section 3. Statewide pool for the needs of special population groups within the long-term care** 1228 **and nursing home populations**

1229
1230 Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is
1231 established to better meet the needs of special population groups within the long-term care and nursing
1232 home populations. Beds in the pool shall be allocated as follows:

1233 (a) These categories shall be allocated 1,409-039 beds and distributed as follows and shall be
1234 reduced/redistributed in accordance with subsection (c):

1235 (i) TBI/SCI beds will be allocated 400 beds.

1236 (ii) Behavioral beds will be allocated 400 beds.

1237 (iii) ~~Hospice-BARIATRIC~~ beds will be allocated 430-60 beds.

1238
1239 (iv) Ventilator-dependent beds will be allocated 179 beds.

1240
1241 (b) ~~The following historical categories have been allocated 849-919 beds. Additional beds shall not~~
1242 ~~be allocated to these categories. If the beds within any of these categories are delicensed, the beds shall~~
1243 ~~be eliminated and not be returned to the statewide pool for special population groups.~~

1244 (i) Alzheimer's disease has 384 beds.

1245 (ii) Health care needs for skilled nursing care has 173 beds.

1246 (iii) Religious has 292 beds.

1247 (iv) ~~Hospice beds has 70 beds.~~

1248
1249 (c) ~~The number of beds set aside from the total statewide pool established for categories in~~
1250 ~~subsection (1)(a) for a special population group shall be reduced if there has been no CON activity for~~
1251 ~~that special population group during at least 6 consecutive application periods.~~

1252 (i) ~~The number of beds in a special population group shall be reduced to the total number of beds~~
1253 ~~for which a valid CON has been issued for that special population group.~~

1254 (ii) ~~The number of beds reduced from a special population group pursuant to this subsection shall~~
1255 ~~revert to the total statewide pool established for categories in subsection (1)(a).~~

1256 (iii) ~~The Department shall notify the Commission of the date when action to reduce the number of~~
1257 ~~beds set aside for a special population group has become effective and shall identify the number of beds~~
1258 ~~that reverted to the total statewide pool established for categories in subsection (1)(a).~~

1259 (iv) ~~For purposes of this subsection, "application period" means the period of time from one~~
1260 ~~designated application date to the next subsequent designated application date.~~

1261 (v) ~~For purposes of this subsection, "CON activity" means one or more of the following:~~

1262 (A) ~~CON applications for beds for a special population group have been submitted to the~~
1263 ~~Department for which either a proposed or final decision has not yet been issued by the Department.~~

1264 ~~_____ (B) Administrative hearings or appeals to court of decisions issued on CON applications for beds~~
1265 ~~for a special population group are pending resolution.~~

1266 ~~_____ (C) _____ An approved CON for beds for each special population group has expired for lack of~~
1267 ~~appropriate action by an applicant to implement an approved CON. THE COMMISSION MAY~~
1268 ~~ADJUST/REDISTRIBUTE THE NUMBER OF BEDS AVAILABLE IN THE STATEWIDE POOL FOR THE~~
1269 ~~NEEDS OF SPECIAL POPULATION GROUPS IN SUBSECTION (1)(a) CONCURRENT WITH THE~~
1270 ~~BIENNIAL RECALCUATION OF THE STATEWIDE NURSING HOME AND HOSPITAL LONG-TERM~~
1271 ~~CARE UNIT BED NEED. MODIFYING THE NUMBER OF BEDS AVAILABLE IN THE STATEWIDE~~
1272 ~~POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS IN SUBSECTION (1)(a) PURSUANT~~
1273 ~~TO THIS SECTION SHALL NOT REQUIRE A PUBLIC HEARING OR SUBMITTAL OF THE STANDARD~~
1274 ~~TO THE LEGISLATURE AND THE GOVERNOR IN ORDER TO BECOME EFFECTIVE.~~

1275
1276 _____ (d) By setting aside these beds from the total statewide pool, the Commission's action applies only
1277 to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not
1278 preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or
1279 other health care settings in compliance with applicable statutory or certification requirements.
1280

1281 (2) Increases in nursing home beds approved under this addendum for special population groups
1282 shall not cause planning areas currently showing an unmet bed need to have that need reduced or
1283 planning areas showing a current surplus of beds to have that surplus increased.
1284

1285 **Section 4. Requirements for approval for beds from the statewide pool for special population** 1286 **groups allocated to TBI/SCI patients**

1287
1288 Sec. 4. The CON Commission determines there is a need for beds for applications designed to
1289 determine the efficiency and effectiveness of specialized programs for the care and treatment of TBI/SCI
1290 patients as compared to serving these needs in general nursing home unit(s).
1291

1292 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1293 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1294 satisfaction of the Department each of the following:

1295 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1296 the time an application is submitted, the applicant shall demonstrate that it operates:

1297 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1298 patients; and

1299 (ii) A transitional living program or contracts with an organization that operates a transitional living
1300 program and rehabilitative care for TBI/SCI patients.

1301 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1302 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1303 recognized accreditation organization for rehabilitative care and services.

1304 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1305 nationally-recognized accreditation organization for the nursing home beds proposed under this
1306 subsection.

1307 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1308 under this subsection that provides for:

1309 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1310 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1311 TBI/SCI patients.

1312 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1313 activity.

1314 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1315 TBI/SCI patients of various ages.
1316

1317 (2) Beds approved under this subsection shall not be converted to OR UTILIZED AS general
1318 nursing home use without a CON for nursing home and hospital long-term care unit beds under the CON
1319 review standards for nursing home and hospital long-term care unit beds and shall not be offered to
1320 individuals other than TBI/SCI patients.

1321
1322 **Section 5. Requirements for approval for beds from the statewide pool for special population**
1323 **groups allocated to behavioral patients**
1324

1325 Sec. 5. The CON Commission determines there is a need for beds for applications designed to
1326 determine the efficiency and effectiveness of specialized programs for the care and treatment of
1327 behavioral patients as compared to serving these needs in general nursing home unit(s).

1328 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1329 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1330 satisfaction of the Department each of the following:

1331 (a) Individual units shall consist of 20 beds or less per unit.

1332 (b) The facility shall not be awarded more than 40 beds.

1333 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1334 activity.

1335 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1336 for the use of the behavioral patients.

1337 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1338 promote visual and spatial orientation.

1339 (f) Staff will be specially trained in treatment of behavioral patients.

1340
1341 (2) Beds approved under this subsection shall not be converted to OR UTILIZED AS -general
1342 nursing home use without a CON for nursing home and hospital long-term care unit beds under the CON
1343 Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.

1344
1345 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1346 Medicaid.

1347
1348 **Section 6. Requirements for approval for beds from the statewide pool for special population**
1349 **groups allocated to ~~hospice patients~~ BARIATRIC PATIENTS**
1350

1351 Sec. 6. The CON Commission determines there is a need for beds for patients requiring both
1352 hospice and long-term nursing care services within the long-term care and nursing home
1353 populationsAPPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF
1354 SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF BARIATRIC PATIENTS AS
1355 COMPARED TO SERVING THESE NEEDS IN GENERAL NURSING HOME UNIT(S).
1356

1357 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1358 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1359 satisfaction of the Department, each of the following:

1360 ~~— (a) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal~~
1361 ~~Regulations, Title 42, Chapter IV, Subpart B (Medicare programs), Part 418 and shall have been a~~
1362 ~~Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted~~
1363 ~~to the Department.~~

1364 ~~(ba) An applicant shall demonstrate that, during the most recent 12-month period prior to the date~~
1365 ~~an application is submitted to the Department for which verifiable data are available to the Department, at~~
1366 ~~least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice~~
1367 ~~were provided in a private residenceTHE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.~~

1368 ~~(cb) An application shall propose 30 beds or lessTHE FACILITY MAY PLACE BEDS~~
1369 ~~THROUGHOUT THE FACILITY FOR A FLEXIBLE AND SEAMLESS INCLUSIVE RESIDENT DESIGN.~~

1370 (c) An applicant for beds from the special statewide pool of beds shall not be approved if any
1371 application for beds in that same planning area has been approved from the special statewide pool of
1372 beds allocated for hospice. THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN
1373 OUTDOOR OR INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.
1374

1375 (d) THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE
1376 DESIGNED TO FACILITATE VISITORS.

1377 (e) THE UNIT/BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN
1378 PROVIDING CARE.

1379 (f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS
1380 WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.

1381 (g) THE BEDS SHALL BE ESTABLISHED IN EITHER SINGLE OR DOUBLE OCCUPANCY
1382 ROOMS, THERE SHALL BE NO ROOMS WITH MORE THAN TWO BEDS.
1383

1384 (2) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR
1385 UTILIZED FOR GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND
1386 HOSPITAL LONG-TERM CARE UNIT BEDS.
1387

1388 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1389 Medicaid.
1390

1391 **Section 7. Requirements for approval for beds from the statewide pool for special population** 1392 **groups allocated to ventilator-dependent patients**

1393 Sec. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients
1394 within the long-term care and nursing home populations
1395
1396

1397 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1398 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1399 satisfaction of the Department, each of the following:

1400 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed
1401 nursing home beds.

1402 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.

1403 (c) The proposed unit will serve only ventilator-dependent patients.
1404

1405 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1406 Medicaid.
1407

1408 (3) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR
1409 UTILIZED FOR GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND
1410 HOSPITAL LONG-TERM CARE UNIT BEDS.
1411

1412 **Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum**

1413 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool
1414 for special population groups allocated to religious shall meet the following:
1415

1416 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a
1417 recognized religious organization, denomination or federation as evidenced by documentation of its
1418 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the
1419 United States Internal Revenue Code.
1420

1421 (b) The applicant's patient population includes a majority of members of the religious organization
1422 or denomination represented by the sponsoring organization.

1423 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of
1424 a specific religion, denomination or order, including unique dietary requirements, or other unique religious
1425 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

1426 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1427 Medicaid.
1428

1429 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1430 special population groups allocated to TBI/SCI shall meet the following:

1431 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1432 the time an application is submitted, the applicant shall demonstrate that it operates:

1433 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1434 patients; and

1435 (ii) a transitional living program or contracts with an organization that operates a transitional living
1436 program and rehabilitative care for TBI/SCI patients.

1437 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1438 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1439 recognized accreditation organization for rehabilitative care and services.

1440 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1441 nationally-recognized accreditation organization for the nursing home beds proposed under this
1442 subsection.

1443 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1444 under this subsection that provides for:

1445 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1446 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1447 TBI/SCI patients.

1448 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1449 activity.

1450 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1451 TBI/SCI patients of various ages.
1452

1453 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1454 special population groups allocated to Alzheimer's disease shall meet the following:

1455 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1456 only patients which require long-term nursing care and have been appropriately classified as a patient on
1457 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1458 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1459 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1460 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1461 home and be no larger than 20 beds in size.

1462 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
1463 the health facility, appropriate for unsupervised activity.

1464 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1465 which is solely for the use of the Alzheimer's unit patients.

1466 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1467 reflections to promote visual and spatial orientation.

1468 (g) Staff will be specially trained in Alzheimer's disease treatment.

1469 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1470 Medicaid.
1471

1472 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1473 special population groups allocated to behavioral patients shall meet the following:

1474 (a) Individual units shall consist of 20 beds or less per unit.

1475 (b) The facility shall not be awarded more than 40 beds.

- 1476 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1477 activity.
1478 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1479 for the use of the behavioral patients.
1480 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1481 promote visual and spatial orientation.
1482 (f) Staff will be specially trained in treatment of behavioral patients.
1483 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1484 Medicaid.

1485 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1486 special population groups allocated to hospice shall meet the following:

1487 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal
1488 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a
1489 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted
1490 to the Department.

1491 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date
1492 an application is submitted to the Department for which verifiable data are available to the Department, at
1493 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice
1494 were provided in a private residence.

1495 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1496 Medicaid.

1497
1498
1499 **(6) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE**
1500 **STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO BARIATRIC PATIENTS**
1501 **SHALL MEET THE FOLLOWING:**

1502 **(a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.**

1503 **(b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND**
1504 **SEAMLESS INCLUSIVE RESIDENT DESIGN.**

1505 **(c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR**
1506 **INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.**

1507 **(d) THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE**
1508 **DESIGNED TO FACILITATE VISITORS.**

1509 **(e) THE BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN**
1510 **PROVIDING CARE.**

1511 **(f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS**
1512 **WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.**

1513 **(g) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO OR**
1514 **UTILIZED AS GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND**
1515 **HOSPITAL LONG-TERM CARE UNIT BEDS UNDER THE CON REVIEW STANDARDS.**

1516 **(h) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALLY CERTIFIED**
1517 **FOR MEDICARE AND MEDICAID.**

1518
1519 **(7)** An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1520 special population groups allocated to ventilator-dependent patients shall meet the following:

1521 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed
1522 nursing home beds.

1523 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.

1524 (c) The proposed unit will serve only ventilator-dependent patients.

1525 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1526 Medicaid.

1527

1528 **Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**
1529 **under Section 3(1) of this addendum**
1530

1531 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance
1532 with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-
1533 term Care Unit Beds.

1534 (2) An applicant for beds from the statewide pool for special population groups allocated to
1535 religious shall agree that, if approved, the services provided by the specialized long-term care beds shall
1536 be delivered in compliance with the following term of CON approval:

1537 (a) The applicant shall document, at the end of the third year following initiation of beds approved
1538 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the
1539 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its
1540 average daily census for the third full year of operation.

1541 (3) An applicant for beds from the statewide pool for special population groups allocated to
1542 Alzheimer's disease shall agree that if approved:

1543 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1544 only patients which require long-term nursing care and have been appropriately classified as a patient on
1545 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1546 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1547 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1548 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1549 home and be no larger than 20 beds in size.

1550 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
1551 the health facility, appropriate for unsupervised activity.

1552 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1553 which is solely for the use of the Alzheimer's unit patients.

1554 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1555 reflections to promote visual and spatial orientation.

1556 (g) Staff will be specially trained in Alzheimer's disease treatment.

1557 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice
1558 shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in
1559 accordance with the following CON terms of approval.

1560 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish
1561 and maintain the ability to provide, either directly or through contractual arrangements, hospice services
1562 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.

1563 (b) The proposed project shall be designed to promote a home-like atmosphere that includes
1564 accommodations for family members to have overnight stays and participate in family meals at the
1565 applicant facility.

1566 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive,
1567 has AIDS or has AIDS related complex.

1568 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or
1569 have AIDS related complex in nursing home beds.

1570 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in
1571 nursing home beds.

1572 (f) Nursing home beds shall only be used to provide services to individuals suffering from a
1573 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being
1574 Section 333.21417 of the Michigan Compiled Laws.

1575 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not
1576 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled
1577 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.
1578

1581 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section
1582 333.21401 et seq. of the Michigan Compiled Laws.

1583 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided
1584 by the applicant hospice to all of its clients will be provided in a private residence.
1585

1586 (5) An applicant for beds from the statewide pool for special population groups allocated to
1587 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection
1588 shall be operated in accordance with the following CON terms of approval.

1589 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been
1590 trained in the care and treatment of ventilator-dependent patients and includes at least the following:

1591 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-
1592 dependent patients.

1593 (ii) A program director that is a registered nurse.

1594 (b) An applicant shall make provisions, either directly or through contractual arrangements, for at
1595 least the following services:

1596 (i) respiratory therapy.

1597 (ii) occupational and physical therapy.

1598 (iii) psychological services.

1599 (iv) family and patient teaching activities.

1600 (c) An applicant shall establish and maintain written policies and procedures for each of the
1601 following:

1602 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1603 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the
1604 amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary
1605 services.

1606 (ii) The transfer of patients requiring care at other health care facilities.

1607 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1608 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.

1609 (iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,
1610 being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.

1611 (v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.

1612 (d) An applicant shall establish and maintain an organized infection control program that has
1613 written policies for each of the following:

1614 (i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and
1615 frequency of tube changes.

1616 (ii) placement and care of urinary catheters.

1617 (iii) care and use of thermometers.

1618 (iv) care and use of tracheostomy devices.

1619 (v) employee personal hygiene.

1620 (vi) aseptic technique.

1621 (vii) care and use of respiratory therapy and related equipment.

1622 (viii) isolation techniques and procedures.

1623 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at
1624 least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,
1625 and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.
1626 This subsection does not require a separate committee, if an applicant organization has a standing
1627 infection control committee and that committee's charge is amended to include a specific focus on the
1628 ventilator-dependent unit.

1629 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the
1630 immediate vicinity of the unit.

1631 (g) An applicant shall agree that the beds will not be used to service individuals that are not
1632 ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to
1633 applicable CON review standards.

1634 (h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result
1635 from providing services to ventilator-dependent patients in a hospital.

1636
1637 (6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI
1638 patients shall agree that if approved:

1639 (a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been
1640 trained in the care and treatment of such individuals and includes at least the following:

1641 (i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI
1642 patients.

1643 (ii) A program director that is a registered nurse.

1644 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.

1645 (b) An applicant shall establish and maintain written policies and procedures for each of the
1646 following:

1647 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1648 appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the
1649 required medical stability and the need for ancillary services, including dialysis services.

1650 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1651 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1652 any patient who requires such care.

1653 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1654 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,
1655 including support services to be provided by transitional living programs or other outpatient programs or
1656 services offered as part of a continuum of care to TBI patients by the applicant.

1657 (iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1658 patient care, rates of utilization and other considerations generally accepted as appropriate for review.

1659 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI
1660 patients meet professional recognized standards of health care for providers of such services and that
1661 such services were reasonable and medically appropriate to the clinical condition of the TBI patient
1662 receiving such services.

1663
1664 (7) An applicant for beds from the statewide pool for special population groups allocated to
1665 behavioral patients shall agree that if approved:

1666 (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been
1667 trained in the care and treatment of such individuals and includes at least the following:

1668 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral
1669 patients.

1670 (ii) A program director that is a registered nurse.

1671 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.

1672 (b) An applicant shall establish and maintain written policies and procedures for each of the
1673 following:

1674 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1675 appropriate for admission to the unit for behavioral patients.

1676 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1677 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1678 any patient who requires such care.

1679 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1680 patient care, rates of utilization and other considerations generally accepted as appropriate for review.

1681 (iv) quality assurance and assessment program to assure that services furnished to behavioral
1682 patients meet professional recognized standards of health care for providers of such services and that
1683 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient
1684 receiving such services.

1685 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines,
1686 specialized communication, and patient safety.

- 1687
1688 (8) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1689 GROUPS ALLOCATED TO BARIATRIC PATIENTS SHALL AGREE THAT IF APPROVED:
1690 (a) THE FACILITY SHALL NOT BE AWARDED MORE THAN 10 BEDS.
1691 (b) THE FACILITY MAY PLACE BEDS THROUGHOUT THE FACILITY FOR A FLEXIBLE AND
1692 SEAMLESS INCLUSIVE RESIDENT DESIGN.
1693 (c) THE PROPOSED BEDS SHALL HAVE ADEQUATE ACCESS TO AN OUTDOOR OR
1694 INDOOR AREA FOR ACTIVITIES WITH APPROPRIATE EQUIPMENT.
1695 (d) THE PHYSICAL ENVIRONMENT OF ANY UNIT CONTAINING BARIATRIC BEDS SHALL BE
1696 DESIGNED TO FACILITATE VISITORS.
1697 (e) THE BEDS SHALL HAVE AVAILABLE SPECIALTY EQUIPMENT TO ASSIST STAFF IN
1698 PROVIDING CARE.
1699 (f) THE BEDS SHALL BE LOCATED ON A GROUND FLOOR AND EMERGENCY EGRESS
1700 WILL NOT REQUIRE STAIRWAYS OR ELEVATORS TO EXIT.
1701 (g) THE BEDS SHALL BE ESTABLISHED IN EITHER SINGLE OR DOUBLE OCCUPANCY
1702 ROOMS. THERE SHALL BE NO ROOMS WITH MORE THAN TWO BEDS.
1703 (h) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED
1704 FOR MEDICARE AND MEDICAID.

1705
1706 **Section 10. Comparative reviews, effect on prior CON review standards**

1707
1708 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be
1709 subject to comparative review on a statewide basis.

1710
1711 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject
1712 to comparative review on a statewide basis.

1713
1714 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject
1715 to comparative review on a statewide basis.

1716
1717 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject
1718 to comparative review on a statewide basis.

1719
1720 (5) These CON review standards supercede and replace the CON Review Standards for Nursing
1721 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the
1722 Commission on ~~April 30~~ DECEMBER 11, 2008-2014 and effective on ~~June~~ MARCH 20, 2008-2015.
1723