

1 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
2
3 **CERTIFICATE OF NEED (CON) REVIEW STANDARDS**
4 **FOR PSYCHIATRIC BEDS AND SERVICES**
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. These standards are requirements for the approval under Part 222 of the Code that involve
13 (a) beginning operation of a new psychiatric service, (b) replacing licensed psychiatric beds or physically
14 relocating licensed psychiatric beds from one licensed site to another geographic location, or (c)
15 increasing licensed psychiatric beds within a psychiatric hospital or unit licensed under the Mental Health
16 Code, 1974 PA 258, or (d) acquiring a psychiatric service pursuant to Part 222 of the Code. A psychiatric
17 hospital or unit 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 hospital beds is a change in bed capacity for purposes of Part 222 of the
22 Code.
23

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

27 **Section 2. Definitions**
28

29 Sec. 2. (1) For purposes of these standards:
30

31 (a) "Acquisition of a psychiatric hospital or unit" means the issuance of a new license as the result of
32 the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing
33 licensed psychiatric hospital or unit and which does not involve a change in the number of licensed
34 psychiatric beds at that health facility.

35 (b) "Adult" means any individual aged 18 years or older.

36 (c) "Base year" means the most recent year for which verifiable data are collected by the Department
37 and are available separately for the population age cohorts of 0 to 17 and 18 and older.

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

40 (e) "Child/adolescent" means any individual less than 18 years of age.

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

43 (g) "Community mental health board" or "board" or "CMH" means the board of a county(s)
44 community mental health board as referenced in the provisions of MCL 330.1200 to 330.1246.

45 (h) "Comparative group" means the applications which have been grouped for the same type of
46 project in the same planning area **OR STATEWIDE SPECIAL POPULATION GROUP** and are being
47 reviewed comparatively in accordance with the CON rules.

48 (i) "Department" means the Michigan Department of Community Health (MDCH).

49 (j) "Department inventory of beds" means the current list maintained for each planning area on a
50 continuing basis by the Department which includes:

51 (i) licensed adult and child/adolescent psychiatric beds; and

52 (ii) adult and child/adolescent psychiatric beds approved by a valid CON, which are not yet licensed.
53 A separate inventory will be maintained for child/adolescent beds and adult beds.

54 (k) "Existing adult inpatient psychiatric beds" or "existing adult beds" means:
55 (i) all adult beds in psychiatric hospitals or units licensed by the Department pursuant to the Mental
56 Health Code;
57 (ii) all adult beds approved by a valid CON, which are not yet licensed;
58 (iii) proposed adult beds under appeal from a final Department decision, or pending a hearing from a
59 proposed decision; and
60 (iv) proposed adult beds that are part of a completed application (other than the application or
61 applications in the comparative group under review) which are pending final Department decision.
62 (l) "Existing child/adolescent inpatient psychiatric beds" or "existing child/adolescent beds" means:
63 (i) all child/adolescent beds in psychiatric hospitals or units licensed by the Department pursuant to
64 the Mental Health Code;
65 (ii) all child/adolescent beds approved by a valid CON, which are not yet licensed;
66 (iii) proposed child/adolescent beds under appeal from a final Department decision, or pending a
67 hearing from a proposed decision; and
68 (iv) proposed child/adolescent beds that are part of a completed application (other than the
69 application or applications in the comparative group under review) which are pending final Department
70 decision.
71 (m) "Flex bed" means an existing adult psychiatric bed converted to a child/adolescent psychiatric
72 bed in an existing child/adolescent psychiatric service to accommodate during peak periods and meet
73 patient demand.
74 (n) "Initiation of service" means the establishment of an inpatient psychiatric unit with a specified
75 number of beds at a site not currently providing psychiatric services.
76 (o) "Involuntary commitment status" means a hospital admission effected pursuant to the provisions
77 of MCL 330.1423 to 330.1429.
78 (p) "Licensed site" means the location of the facility authorized by license and listed on that
79 licensee's certificate of licensure.
80 (q) "Medicaid" means title XIX of the Social Security Act, chapter 531, 49 Stat. 620, 1396 to 1396g
81 and 1396i to 1396u.
82 (r) "Mental Health Code" means Act 258 of the Public Acts of 1974, as amended, being Sections
83 330.1001 to 330.2106 of the Michigan Compiled Laws.
84 (s) "Mental health professional" means an individual who is trained and experienced in the area of
85 mental illness or developmental disabilities and who is any 1 of the following:
86 (i) a physician who is licensed to practice medicine or osteopathic medicine and surgery in Michigan
87 and who has had substantial experience with mentally ill, mentally retarded, or developmentally disabled
88 clients for 1 year immediately preceding his or her involvement with a client under administrative rules
89 promulgated pursuant to the Mental Health Code;
90 (ii) a psychologist who is licensed in Michigan pursuant to the provisions of MCL 333.16101 to
91 333.18838;
92 (iii) a licensed master's social worker licensed in Michigan Pursuant to the provisions of MCL
93 333.16101 to 333.18838;
94 (iv) a registered nurse who is licensed in Michigan pursuant to the provisions of MCL 333.16101 to
95 333.18838;
96 (v) a licensed professional counsel or licensed in Michigan pursuant to the provisions of MCL
97 333.16101 to 333.18838;
98 (vi) a marriage and family therapist licensed in Michigan pursuant to the provisions of MCL
99 333.16101 to 333.18838;
100 (vii) a professional person, other than those defined in the administrative rules promulgated pursuant
101 to the Mental Health Code, who is designated by the Director of the Department or a director of a facility
102 operated by the Department in written policies and procedures. This mental health professional shall
103 have a degree in his or her profession and shall be recognized by his or her respective professional
104 association as being trained and experienced in the field of mental health. The term does not include
105 non-clinical staff, such as clerical, fiscal or administrative personnel.

- 106 (t) "Mental health service" means the provision of mental health care in a protective environment
107 with mental illness or mental retardation, including, but not limited to, chemotherapy and individual and
108 group therapies pursuant to MCL 330.2001.
- 109 (u) "Non-renewal or revocation of license" means the Department did not renew or revoked the
110 psychiatric hospital's or unit's license based on the hospital's or unit's failure to comply with state
111 licensing standards.
- 112 (v) "Non-renewal or termination of certification" means the psychiatric hospital's or unit's Medicare
113 and/or Medicaid certification was terminated or not renewed based on the hospital's or unit's failure to
114 comply with Medicare and/or Medicaid participation requirements.
- 115 (w) "Offer" means to provide inpatient psychiatric services to patients.
- 116 (x) "Physician" means an individual licensed in Michigan to engage in the practice of medicine or
117 osteopathic medicine and surgery pursuant to MCL 333.16101 to 333.18838.
- 118 (y) "Planning area" means the geographic boundaries of the groups of counties shown in Section 17.
- 119 (z) "Planning year" means a year in the future, at least 3 years but no more than 7 years, for which
120 inpatient psychiatric bed needs are developed. The planning year shall be a year for which official
121 population projections from the Department of Technology, Management and Budget or its designee are
122 available.
- 123 (aa) "Psychiatric hospital" means an inpatient program operated by the Department for the treatment
124 of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or
125 psychiatric unit licensed under pursuant to MCL 330.1137.
- 126 (bb) "Psychiatrist" means 1 or more of the following, pursuant to MCL 330.1100c:
- 127 (i) a physician who has completed a residency program in psychiatry approved by the Accreditation
128 Council for Graduate Medical Education or The American Osteopathic Association, or who has completed
129 12 months of psychiatric rotation and is enrolled in an approved residency program;
- 130 (ii) a psychiatrist employed by or under contract with the Department or a community health services
131 program on March 28, 1996;
- 132 (iii) a physician who devotes a substantial portion of his or her time to the practice of psychiatry and
133 is approved by the Director.
- 134 (cc) "Psychiatric unit" means a unit of a general hospital that provides inpatient services for individuals
135 with serious mental illness or serious emotional disturbances pursuant to MCL 330.1100c.
- 136 (dd) "Psychologist" means an individual licensed to engage in the practice of psychology, who
137 devotes a substantial portion of his or her time to the diagnosis and treatment of individuals with serious
138 mental illness, serious emotional disturbance, or developmental disability, pursuant to MCL 333.16101 to
139 333.18838.
- 140 (ee) "Public patient" means an individual approved for mental health services by a CMH or an
141 individual who is admitted as a patient under the Mental Health Code, Act No. 258 of the Public Acts of
142 1974, being Sections 330.1423, 330.1429, and 330.1438 of the Michigan Compiled Laws.
- 143 (ff) "Qualifying project" means each application in a comparative group which has been reviewed
144 individually and has been determined by the Department to have satisfied all of the requirements of
145 Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other
146 applicable requirements for approval in the Code and these standards.
- 147 (gg) "Registered professional nurse" or "R.N." means an individual licensed in Michigan pursuant to
148 the provisions of MCL 333.16101 to 333.18838.
- 149 (hh) "Relocate existing licensed inpatient psychiatric beds" means a change in the location of existing
150 inpatient psychiatric beds from the existing licensed psychiatric hospital site to a different existing
151 licensed psychiatric hospital site within the same planning area. This definition does not apply to projects
152 involving replacement beds in a psychiatric hospital or unit governed by Section 7 of these standards.
- 153 (ii) "Replace beds" means a change in the location of the licensed psychiatric hospital or unit, or the
154 replacement of a portion of the licensed beds at the same licensed site. The beds will be in new physical
155 plant space being developed in new construction or in newly acquired space (purchase, lease, donation,
156 etc.) within the replacement zone.
- 157 (jj) "Replacement zone" means a proposed licensed site that is:
- 158 (i) in the same planning area as the existing licensed site; and

159 (ii) on the same site, on a contiguous site, or on a site within 15 miles of the existing licensed site.
160 (kk) "Social worker" means an individual registered in Michigan to engage in social work under the
161 provisions of MCL 333.18501.

162
163 (2) The terms defined in the Code have the same meanings when used in these standards.
164

165 **Section 3. Determination of needed inpatient psychiatric bed supply**

166
167 Sec. 3. (1) Until changed by the Commission in accordance with Section 5, the use rate for the base
168 year for the population age 0-17 is set forth in Appendix B.

169
170 (2) The number of child/adolescent inpatient psychiatric beds needed in a planning area shall be
171 determined by the following formula:

172 (a) Determine the population for the planning year for each separate planning area for the population
173 age 0-17.

174 (b) Multiply the population by the use rate established in Appendix B. The resultant figure is the total
175 patient days.

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

178 (d) Divide the ADC by 0.75.

179 (e) For each planning area, all psychiatric hospitals or units with an average occupancy of 60% or
180 less for the previous 24 months will have the ADC, for the previous 24 months, multiplied by 1.7. The net
181 decrease from the current licensed beds will give the number to be added to the bed need.

182 (f) The adjusted bed need for the planning area is the sum of the results of subsections (d) and (e).
183 round up to the nearest whole number.

184
185 (3) The number of needed adult inpatient psychiatric beds shall be determined by multiplying the
186 population aged 18 years and older for the planning year for each planning area by either:

187 (a) The ratio of adult beds per 10,000 adult population set forth in Appendix A; or

188 (b) The statewide ratio of adult beds per 10,000 adult population set forth in Appendix A, whichever
189 is lower; and dividing the result by 10,000. If the ratio set forth in Appendix A for a specific planning area
190 is "0", the statewide ratio of adult beds per 10,000 adult population shall be used to determine the number
191 of needed adult inpatient psychiatric beds.

192 (c) For each planning area, an addition to the bed need will be made for low occupancy facilities. All
193 psychiatric hospitals or units with an average occupancy of 60% or less for the previous 24 months will
194 have the ADC, for the previous 24 months, multiplied by 1.5. The net decrease from the current licensed
195 beds will give the number to be added to the bed need.

196 (d) The adjusted bed need for the planning area is the sum of the results of subsections (b) and (c).
197

198 **Section 4. Bed need for inpatient psychiatric beds**

199
200 Sec. 4. (1) The bed need numbers determined pursuant to Section 3 shall apply to projects subject to
201 review under these standards, except where a specific CON review standard states otherwise.

202
203 (2) The Department shall apply the bed need methodologies in Section 3 on a biennial basis.

204
205 (3) The effective date of the bed need numbers shall be established by the Commission.

206
207 (4) New bed need numbers shall supercede previous bed need numbers and shall be posted on the
208 State of Michigan CON web site as part of the Psychiatric Bed Inventory.
209

210 (5) Modifications made by the Commission pursuant to this Section shall not require Standard
211 Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the
212 Governor in order to become effective.

213
214 **Section 5. Modification of the child/adolescent use rate by changing the base year**
215

216 Sec. 5. (1) The Commission may modify the base year based on data obtained from the Department
217 and presented to the Commission. The Department shall calculate the use rate for the population age 0-
218 17 and biennially present the revised use rate based on the most recent base year information available
219 biennially to the CON Commission.

220
221 (2) The Commission shall establish the effective date of the modifications made pursuant to
222 subsection (1).

223
224 (3) Modifications made by the Commission pursuant to subsection (1) shall not require Standard
225 Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the
226 Governor in order to become effective.

227
228 **Section 6. Requirements for approval to initiate service**
229

230 Sec. 6. An applicant proposing the initiation of an adult or child/adolescent psychiatric service shall
231 demonstrate or provide the following:

232
233 (1) The number of beds proposed in the CON application shall not result in the number of existing
234 adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need.
235 However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total
236 number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the
237 planning area, the difference is equal to or more than 1 or less than 10.

238
239 (2) A written recommendation, from the Department or the CMH that serves the county in which the
240 proposed beds or service will be located, shall include an agreement to enter into a contract to meet the
241 needs of the public patient. At a minimum, the letter of agreement shall specify the number of beds to be
242 allocated to the public patient and the applicant's intention to serve patients with an involuntary
243 commitment status.

244
245 (3) The number of beds proposed in the CON application to be allocated for use by public patients
246 shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct
247 response to a Department plan pursuant to subsection (5) shall allocate not less than 80% of the beds
248 proposed in the CON application.

249
250 (4) The minimum number of beds in a psychiatric unit shall be at least 10 beds. If a psychiatric unit
251 has or proposes to operate both adult and child/adolescent beds, each unit shall have a minimum of 10
252 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant
253 demonstrates to the satisfaction of the Department, that travel time to existing units would significantly
254 limit access to care.

255
256 (5) An applicant shall not be required to be in compliance with subsection (1) if the applicant
257 demonstrates that the application meets both of the following:

258 (a) The Director of the Department determines that an exception to subsection (1) should be made
259 and certifies in writing that the proposed project is a direct response to a Department plan for reducing
260 the use of public institutions for acute mental health care through the closure of a state-owned psychiatric
261 hospital; and

262 (b) The proposed beds will be located in the area currently served by the public institution that will be
263 closed, as determined by the Department.

264
265 **Section 7. Requirements for approval to replace beds**

266
267 Sec. 7. An applicant proposing to replace beds shall not be required to be in compliance with the
268 needed bed supply if the applicant demonstrates all of the following:

269
270 (1) The applicant shall specify whether the proposed project is to replace the existing licensed
271 psychiatric hospital or unit to a new site or to replace a portion of the licensed psychiatric beds at the
272 existing licensed site.

273
274 (2) The proposed licensed site is in the replacement zone.

275
276 (3) Not less than 50% of the beds proposed to be replaced shall be allocated for use by public
277 patients.

278
279 (4) Previously made commitments, if any, to the Department or CMH to serve public patients have
280 been fulfilled.

281
282 (5) Proof of current contract or documentation of contract renewal, if current contract is under
283 negotiation, with the CMH or its designee that serves the planning area in which the proposed beds or
284 service will be located.

285
286 **Section 8. Requirements for approval of an applicant proposing to relocate existing licensed**
287 **inpatient psychiatric beds**

288
289 Sec. 8. (1) The proposed project to relocate beds, under this section, shall constitute a change in bed
290 capacity under Section 1(3) of these standards.

291
292 (2) Any existing licensed inpatient psychiatric hospital or unit may relocate all or a portion of its beds
293 to another existing licensed inpatient psychiatric hospital or unit located within the same planning area.

294
295 (3) The inpatient psychiatric hospital or unit from which the beds are being relocated, and the
296 inpatient psychiatric hospital or unit receiving the beds, shall not require any ownership relationship.

297
298 (4) The relocated beds shall be licensed to the receiving inpatient psychiatric hospital or unit and will
299 be counted in the inventory for the applicable planning area.

300
301 (5) The relocation of beds under this section shall not be subject to a mileage limitation.

302
303 (6) The relocation of beds under this section shall not result in initiation of a new adult or
304 child/adolescent service.

305
306 **Section 9. Requirements for approval to increase beds**

307
308 Sec. 9. An applicant proposing an increase in the number of adult or child/adolescent beds shall
309 demonstrate or provide the following:

310
311 (1) The number of beds proposed in the CON application will not result in the number of existing
312 adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need.
313 However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total

314 number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the
315 planning area, the difference is equal to or more than 1 or less than 10.
316

317 (2) The average occupancy rate for the applicant's facility, where the proposed beds are to be
318 located, was at least 70% for adult or child/adolescent beds, as applicable, during the most recent,
319 consecutive 12-month period, as of the date of the submission of the application, for which verifiable data
320 are available to the Department. For purposes of this section, average occupancy rate shall be
321 calculated as follows:

322 (a) Divide the number of patient days of care provided by the total number of patient days, then
323 multiply the result by 100.
324

325 (3) Subsections (1) and (2) shall not apply if all of the following are met:

326 (a) The number of existing adult or child/adolescent psychiatric beds in the planning area is equal to
327 or exceeds the bed need.

328 (b) The beds are being added at the existing licensed site.

329 (c) The average occupancy rate for the applicant's facility was at least 75% for facilities with 19 beds
330 or less and 80% for facilities with 20 beds or more, as applicable, during the most recent, consecutive 12-
331 month period, as of the date of the submission of the application, for which verifiable data are available to
332 the Department.

333 (i) For a facility with flex beds,

334 (A) calculate the average occupancy rate as follows:

335 (1) For adult beds:

336 (a) Adult bed days are the number of licensed adult beds multiplied by the number of days they were
337 licensed during the most recent consecutive 12-month period.

338 (b) Flex bed days are the number of licensed flex beds multiplied by the number of days the beds
339 were used to serve a child/ adolescent patient.

340 (c) Subtract the flex bed days from the adult bed days and divide the adult patient days of care by
341 this number, then multiply the result by 100.

342 (2) For child/adolescent beds:

343 (a) Child/adolescent bed days are the number of licensed child/adolescent beds multiplied by the
344 number of days they were licensed during the most recent 12-month period.

345 (b) Flex bed days are the number of licensed flex beds multiplied by the number of days the beds
346 were used to serve a child/ adolescent patient.

347 (c) Add the flex bed days to the child/adolescent bed days and divide the child/adolescent patient
348 days of care by this number, then multiply the result by 100.

349 (d) The number of beds to be added shall not exceed the results of the following formula:

350 (ii) Multiply the facility's average daily census for the most recent, consecutive 12-month period, as
351 of the date of the submission of the application, for which verifiable data are available to the Department
352 by 1.5 for adult beds and 1.7 for child/adolescent beds.

353 (iii) Subtract the number of currently licensed beds from the number calculated in (ii) above. This is
354 the maximum number of beds that may be approved pursuant to this subsection.
355

356 (4) Proof of current contract or documentation of contract renewal, if current contract is under
357 negotiation, with at least one CMH or its designee that serves the planning area in which the proposed
358 beds or service will be located.
359

360 (5) Previously made commitments, if any, to the Department or CMH to serve public patients have
361 been fulfilled.
362

363 (6) The number of beds proposed in the CON application to be allocated for use by public patients
364 shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct
365 response to a Department plan pursuant to subsection (9) shall allocate not less than 80% of the beds
366 proposed in the CON application.

367
368 (7) The minimum number of beds in a psychiatric unit shall be at least 10 beds. If a psychiatric unit
369 has or proposes to operate both adult and child/adolescent beds, then each unit shall have a minimum of
370 10 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant
371 demonstrates, to the satisfaction of the Department, that travel time to existing units would significantly
372 impair access to care.

373
374 (8) Subsection (2) shall not apply if the Director of the Department has certified in writing that the
375 proposed project is a direct response to a Department plan for reducing the use of public institutions for
376 acute mental health care through the closure of a state-owned psychiatric hospital.

377
378 (9) An applicant shall not be required to be in compliance with subsection (1) if the applicant
379 demonstrates that the application meets both of the following:

380 (a) The Director of the Department determines that an exception to subsection (1) should be made
381 and certifies in writing that the proposed project is a direct response to a Department plan for reducing
382 the use of public institutions for acute mental health care through the closure of a state-owned psychiatric
383 hospital; and

384 (b) The proposed beds will be located in the area currently served by the public institution that will be
385 closed as determined by the Department.

386
387 (10) An applicant proposing to add new adult and/or child/adolescent psychiatric beds, as the
388 receiving licensed inpatient psychiatric hospital or unit under Section 8, shall demonstrate that it meets all
389 of the requirements of this subsection and shall not be required to be in compliance with the bed need if
390 the application meets all other applicable CON review standards and agrees and assures to comply with
391 all applicable project delivery requirements.

392 (a) The approval of the proposed new inpatient psychiatric beds shall not result in an increase in the
393 number of licensed inpatient psychiatric beds in the planning area.

394 (b) The applicant meets the requirements of subsections (4), (5), (6), and (7) above.

395 (c) The proposed project to add new adult and/or child adolescent psychiatric beds, under this
396 subsection, shall constitute a change in bed capacity under Section 1(2) of these standards.

397 (d) Applicants proposing to add new adult and/or child/adolescent psychiatric beds under this
398 subsection shall not be subject to comparative review.

399
400 **Section 10. Requirements for approval for flex beds**

401
402 Sec. 10. An applicant proposing flex beds shall demonstrate the following as applicable to the
403 proposed project:

404 (1) The applicant has existing adult psychiatric beds and existing child/adolescent psychiatric beds.

405 (2) The number of flex beds proposed in the CON application shall not result in the existing adult
406 psychiatric unit to become non-compliant with the minimum size requirements within Section 6(4).

407 (3) The applicant shall meet all applicable sections of the standards.

408 (4) The facility shall be in compliance and meet all design standards of the most recent Minimum
409 Design Standards for Health Care Facilities in Michigan.

410 (5) The applicant shall convert the beds back to adult inpatient psychiatric beds if the bed has not
411 been used as a flex bed serving a child/adolescent patient for a continuous 12-month period or if the
412 CON application is withdrawn.

413
414
415 **Section 11. Requirements for approval for acquisition of a psychiatric hospital or unit**

420
421 Sec. 11. An applicant proposing to acquire a psychiatric hospital or unit shall not be required to be in
422 compliance with the needed bed supply, for the planning area in which the psychiatric hospital or unit
423 subject to the proposed acquisition is located, if the applicant demonstrates that all of the following are
424 met:

425
426 (1) The acquisition will not result in a change in the number of licensed beds or beds designated for
427 a child/adolescent specialized psychiatric program.

428
429 (2) The licensed site does not change as a result of the acquisition.

430
431 **Section 12. Additional requirements for applications included in comparative review**

432
433 Sec. 12. (1) Any application subject to comparative review under Section 22229 of the Code, being
434 Section 333.22229 of the Michigan Compiled Laws, or UNDER these standards, shall be grouped and
435 reviewed COMPARATIVELY with other applications in accordance with the CON rules ~~applicable to~~
436 ~~comparative review.~~

437
438 (2) Each application in a comparative group shall be individually reviewed to determine whether the
439 application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of
440 the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these
441 standards. If the Department determines that two or more competing applications satisfy all of the
442 requirements for approval, these projects shall be considered qualifying projects. The Department shall
443 approve those qualifying projects which, when taken together, do not exceed the need, as defined in
444 Section 22225(1) of the Code, and which have the highest number of points when the results of
445 subsection (3) are totaled. If two or more qualifying projects are determined to have an identical number
446 of points, then the Department shall approve those qualifying projects which, when taken together, do not
447 exceed the need, in the order in which the applications were received by the Department, based on the
448 date and time stamp placed on the applications by the Department in accordance with rule 325.9123.

449
450 (3)(a) A qualifying project application will be awarded 5 points if, within six months of beginning
451 operation and annually thereafter, 100% of the licensed psychiatric beds (both existing and proposed) at
452 the facility will be Medicaid certified.

453 (b) A qualifying project will have 4 points deducted if, on or after November 26, 1995, the records
454 maintained by the Department document that the applicant was required to enter into a contract with
455 either the Department or a CMH to serve the public patient and did not do so.

456 (c) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records
457 maintained by the Department document that the applicant entered into a contract with MDCH or CMH
458 but never admitted any public patients referred pursuant to that contract.

459 (d) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records
460 maintained by the Department document that an applicant agreed to serve patients with an involuntary
461 commitment status but has not admitted any patients referred with an involuntary commitment status.

462 (e) A qualifying project will be awarded 3 points if the applicant presents, in its application, a plan,
463 acceptable to the Department, for the treatment of patients requiring long-term treatment. For purposes
464 of this subsection, long-term treatment is defined to mean an inpatient length of stay in excess of 45
465 days.

466 (f) A qualifying project will be awarded 3 points if the applicant currently provides a partial
467 hospitalization psychiatric program, outpatient psychiatric services, or psychiatric aftercare services, or
468 the applicant includes any of these services as part of their proposed project, as demonstrated by site
469 plans and service contracts.

470 (g) A qualifying project will have 4 points deducted if the Department has issued, within three years
471 prior to the date on which the CON application was deemed submitted, a temporary permit or provisional

472 license due to a pattern of licensure deficiencies at any psychiatric hospital or unit owned or operated by
473 the applicant in this state.

474 (h) A qualifying project will have points awarded based on the percentage of the hospital's indigent
475 volume as set forth in the following table.

476

477	Hospital Indigent	Points
478	<u>Volume</u>	<u>Awarded</u>
479		
480	0 - <6%	1
481	6 - <11%	2
482	11 - <16%	3
483	16 - <21%	4
484	21 - <26%	5
485	26 - <31%	6
486	31 - <36%	7
487	36 - <41%	8
488	41 - <46%	9
489	46% +	10

490

491 For purposes of this subsection, indigent volume means the ratio of a hospital's indigent charges to its
492 total charges expressed as a percentage as determined by the Department pursuant to Chapter VIII of
493 the Medical Assistance Program manual. The indigent volume data being used for rates in effect at the
494 time the application is deemed submitted will be used by the Department in determining the number of
495 points awarded to each qualifying project.

496 (i) A qualifying project will have points deducted based on the applicant's record of compliance with
497 applicable safety and operating standards for any psychiatric hospital or unit owned and/or operated by
498 the applicant in this state. Points shall be deducted in accordance with the following schedule if, on or
499 after November 26, 1995, the Department records document any non-renewal or revocation of license for
500 cause or non-renewal or termination of certification for cause of any psychiatric hospital or unit owned or
501 operated by the applicant in this state.

502

503	Psychiatric Hospital/Unit	Points Deducted
504	<u>Compliance Action</u>	<u>Points Deducted</u>
505		
506	Non-renewal or revocation of license	4
507		
508	Non-renewal or termination of:	
509		
510	Certification - Medicare	4
511	Certification - Medicaid	4

512

513 (4) Submission of conflicting information in this section may result in a lower point award. If an
514 application contains conflicting information which could result in a different point value being awarded in
515 this section, the Department will award points based on the lower point value that could be awarded from
516 the conflicting information. For example, if submitted information would result in 6 points being awarded,
517 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If
518 the conflicting information does not affect the point value, the Department will award points accordingly.
519 For example, if submitted information would result in 12 points being awarded and other conflicting
520 information would also result in 12 points being awarded, then 12 points will be awarded.

521

522 **Section 13. Requirements for approval -- all applicants**

523

524 Sec. 13. (1) An applicant shall provide verification of Medicaid participation. An applicant that is a
525 new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be
526 provided to the Department within six (6) months from the offering of services if a CON is approved.
527

528 (2) The applicant certifies all outstanding debt obligations owed to the State of Michigan for Quality
529 Assurance Assessment Program (QAAP) or Civil Monetary Penalties (CMP) have been paid in full.
530

531 (3) The applicant certifies that the health facility for the proposed project has not been cited for a
532 state or federal code deficiency within the 12 months prior to the submission of the application. If a code
533 deficiency has been issued, then the applicant shall certify that a plan of correction for cited state or
534 federal code deficiencies at the health facility has been submitted and approved by the Bureau of Health
535 Systems within the Department or, as applicable, the Centers for Medicare and Medicaid Services. If
536 code deficiencies include any unresolved deficiencies still outstanding with the Department or the Centers
537 for Medicare and Medicaid Services that are the basis for the denial, suspension, or revocation of an
538 applicant's health facility license, poses an immediate jeopardy to the health and safety of patients, or
539 meets a federal conditional deficiency level, the proposed project cannot be approved without approval
540 from the Bureau of Health Systems.
541

542 **Section 14. Project delivery requirements - terms of approval for all applicants**

543

544 Sec. 14. An applicant shall agree that, if approved, the project shall be delivered in compliance with
545 the following terms of CON approval:
546

547 (1) Compliance with these standards.
548

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

550 (a) The proposed licensed psychiatric beds shall be operated in a manner that is appropriate for a
551 population with the ethnic, socioeconomic, and demographic characteristics including the developmental
552 stage of the population to be served.

553 (b) The applicant shall establish procedures to care for patients who are disruptive, combative, or
554 suicidal and for those awaiting commitment hearings, and the applicant shall establish a procedure for
555 obtaining physician certification necessary to seek an order for involuntary treatment for those persons
556 that, in the judgment of the professional staff, meet the Mental Health Code criteria for involuntary
557 treatment.

558 (c) The applicant shall develop a standard procedure for determining, at the time the patient first
559 presents himself or herself for admission or within 24 hours after admission, whether an alternative to
560 inpatient psychiatric treatment is appropriate.

561 (d) The inpatient psychiatric hospital or unit shall provide clinical, administrative, and support
562 services that will be at a level sufficient to accommodate patient needs and volume, and will be provided
563 seven days a week to assure continuity of services and the capacity to deal with emergency admissions.
564

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

566 (a) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years
567 of operation and continue to participate annually thereafter.

568 (b) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:

569 (i) not deny acute inpatient mental health services to any individual based on ability to pay, source
570 of payment, age, race, handicap, national origin, religion, gender, sexual orientation or commitment
571 status;

572 (ii) provide acute inpatient mental health services to any individual based on clinical indications of
573 need for the services; and

574 (iii) maintain information by payor and non-paying sources to indicate the volume of care from each
575 source provided annually. Compliance with selective contracting requirements shall not be construed as
576 a violation of this term.

577
578 (4) Compliance with the following monitoring and reporting requirements:
579 (a) The average occupancy rate for all licensed beds at the psychiatric hospital or unit shall be at
580 least 60 percent (%) for adult beds and 40 percent (%) for child/adolescent beds for the second 12
581 months of operation, and annually thereafter.
582 (i) Calculate average occupancy rate for adult beds as follows:
583 (A) Add the number of adult patient days of care to the number of child/adolescent patient days of
584 care provided in the flex beds; divide this number by the adult bed days, then multiply the result by 100.
585 (ii) Calculate average occupancy rate for child/adolescent beds as follows:
586 (A) Subtract the number of child/adolescent patient days of care provided in the flex beds from the
587 number of child adolescent patient days of care; divide this number by the child/adolescent bed days,
588 then multiply the result by 100.
589 (b) Flex beds approved under section 10 shall be counted as existing adult inpatient psychiatric
590 beds. (c) After the second 12 months of operation, if the average occupancy rate is below 60% for
591 adult beds or 40% for child/adolescent beds, the number of beds shall be reduced to achieve a minimum
592 of 60% average annual occupancy for adult beds or 40% annual average occupancy for child/adolescent
593 beds for the revised licensed bed complement. However, the psychiatric hospital or unit shall not be
594 reduced to less than 10 beds.
595 (d) The applicant shall participate in a data collection network established and administered by the
596 Department or its designee. The data may include, but is not limited to: annual budget and cost
597 information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as
598 well as the volume of care provided to patients from all payor sources. The applicant shall provide the
599 required data on a separate basis for each licensed site; in a format established by the Department; and
600 in a mutually agreed upon media. The Department may elect to verify the data through on-site review of
601 appropriate records.
602 (e) The applicant shall provide the Department with a notice stating the date the beds or services are
603 placed in operation and such notice shall be submitted to the Department consistent with applicable
604 statute and promulgated rules.
605 (f) An applicant required to enter into a contract with a CMH(s) or the Department pursuant to these
606 standards shall have in place, at the time the approved beds or services become operational, a signed
607 contract to serve the public patient. The contract must address a single entry and exit system including
608 discharge planning for each public patient. The contract shall specify that at least 50% or 80% of the
609 approved beds, as required by the applicable sections of these standards, shall be allocated to the public
610 patient, and shall specify the hospital's or unit's willingness to admit patients with an involuntary
611 commitment status. The contract need not be funded.
612
613 (5) Compliance with this Section shall be determined by the Department based on a report submitted
614 by the applicant and/or other information available to the Department.

615
616 (6) NOTHING IN THIS SECTION PROHIBITS THE DEPARTMENT FROM TAKING COMPLIANCE
617 ACTION UNDER MCL 333.22247.

618
619 (67) The agreements and assurances required by this Section shall be in the form of a certification
620 agreed to by the applicant or its authorized agent.

621
622 **Section 15. Project delivery requirements - additional terms of approval for child/adolescent**
623 **service**

624
625 Sec. 15. (1) In addition to the provisions of Section ~~1214~~, an applicant for a child/adolescent service
626 shall agree to operate the program in compliance with the following terms of CON approval, as
627 applicable:

628 (a) There shall be at least the following child and adolescent mental health professionals employed,
629 either directly or by contract, by the hospital or unit, each of whom must have been involved in the
630 delivery of child/adolescent mental health services for at least 2 years within the most recent 5 years:

- 631 (i) a child/adolescent psychiatrist;
- 632 (ii) a child psychologist;
- 633 (iii) a psychiatric nurse;
- 634 (iv) a psychiatric social worker;
- 635 (v) an occupational therapist or recreational therapist; and

636 (b) There shall be a recipient rights officer employed by the hospital or the program.

637 (c) The applicant shall identify a staff member(s) whose assigned responsibilities include discharge
638 planning and liaison activities with the home school district(s).

639 (d) There shall be the following minimum staff employed either on a full time basis or ACCESS TO
640 on a consulting basis AS NEEDED:

- 641 (i) a pediatrician;
- 642 (ii) a child neurologist;
- 643 (iii) a neuropsychologist;
- 644 (iv) a speech and language therapist;
- 645 (v) an audiologist; and
- 646 (vi) a dietician.

647 (e) A child/adolescent service shall have the capability to determine that each inpatient admission is
648 the appropriate treatment alternative consistent with Section 498e of the Mental Health Code, being
649 Section 330.1498e of the Michigan Compiled Laws.

650 (f) The child/adolescent service shall develop and maintain a coordinated relationship with the home
651 school district of any patient to ensure that all public education requirements are met.

652 (g) The applicant shall demonstrate that the child/adolescent service is integrated within the
653 continuum of mental health services available in its planning area by establishing a formal agreement
654 with the CMH(s) serving the planning area in which the child/adolescent specialized psychiatric program
655 is located. The agreement shall address admission and discharge planning issues which include, at a
656 minimum, specific procedures for referrals for appropriate community services and for the exchange of
657 information with the CMH(s), the probate court(s), the home school district, the Michigan Department of
658 Human Services, the parent(s) or legal guardian(s) and/or the patient's attending physician.

659
660 (2) Compliance with this Section shall be determined by the Department based on a report submitted
661 by the program and/or other information available to the Department.

662
663 (3) The agreements and assurances required by this Section shall be in the form of a certification
664 agreed to by the applicant or its authorized agent.

665 **Section 16. Department inventory of beds**

666
667
668 Sec. 16. The Department shall maintain, and provide on request, a listing of the Department Inventory
669 of Beds for each adult and child/adolescent planning area.

670 **Section 17. Planning areas**

671
672 Sec. 17. The planning areas for inpatient psychiatric beds are the geographic boundaries of the
673 groups of counties as follows.

674	<u>Planning Areas</u>	<u>Counties</u>
675		
676	1	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
677		
678	2	Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee
679		
680	3	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van
681		Buren
682		
683	4	Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo,
684		Oceana, Ottawa
685		
686	5	Genesee, Lapeer, Shiawassee
687		
688	6	Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland,
689		Mecosta, Ogemaw, Osceola, Oscoda, Saginaw, Sanilac, Tuscola
690		
691	7	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford,
692		Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee,
693		Montmorency, Otsego, Presque Isle, Roscommon, Wexford
694		
695	8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron,
696		Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon,
697		Schoolcraft
698		

699 **Section 18. Effect on prior CON review standards; comparative reviews**

700
701 Sec. 18. (1) These CON review standards supercede and replace the CON Review Standards for
702 Psychiatric Beds and Services, approved by the CON Commission on ~~September 10~~DECEMBER 13,
703 2009-2012 and effective on ~~November 5~~MARCH 22, 20092013.

704
705 (2) Projects involving replacement beds, relocation of beds, flex beds under Section 10, or an
706 increase in beds, approved pursuant to Section 7(3), are reviewed under these standards and shall not
707 be subject to comparative review.

708
709 (3) Projects involving initiation of services or an increase in beds, approved pursuant to Section
710 76(1), are reviewed under these standards and shall be subject to comparative review.

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APPENDIX A

**RATIO OF ADULT INPATIENT PSYCHIATRIC
BEDS PER 10,000 ADULT POPULATION**

The ratio per 10,000 adult population, for purposes of these standards, EFFECTIVE APRIL 1, 2015, AND
until otherwise changed by the Commission, is as follows:

PLANNING AREA	ADULT BEDS PER 10,000 ADULT POPULATION
1	<u>3.091433.0808</u>
2	<u>2.406022.4282</u>
3	<u>2.444602.4604</u>
4	<u>2.391742.5284</u>
5	<u>3.079123.0698</u>
6	<u>1.750521.5558</u>
7	<u>0.838391.2570</u>
8	<u>2.266542.2756</u>
STATE	<u>2.642792.6633</u>

725

726
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728
729
730
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733

CON REVIEW STANDARDS
FOR CHILD/ADOLESCENT INPATIENT PSYCHIATRIC BEDS

The use rate per 1000 population age 0-17, for purposes of these standards, EFFECTIVE APRIL 1, 2015,
AND until otherwise changed by the Commission, is 22-814625.664.

734 **MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**
735
736 **CON REVIEW STANDARDS**
737 **FOR PSYCHIATRIC BEDS AND SERVICES**
738 **--ADDENDUM FOR SPECIAL POPULATION GROUPS**
739

740 (BY AUTHORITY CONFERRED ON THE CON COMMISSION BY SECTION 22215 OF ACT NO. 368 OF
741 THE PUBLIC ACTS OF 1978, AS AMENDED, AND SECTIONS 7 AND 8 OF ACT NO. 306 OF THE
742 PUBLIC ACTS OF 1969, AS AMENDED, BEING SECTIONS 333.22215, 24.207 AND 24.208 OF THE
743 MICHIGAN COMPILED LAWS.)
744

745 **SECTION 1. APPLICABILITY; DEFINITIONS**
746

747 SEC. 1. (1) THIS ADDENDUM SUPPLEMENTS THE CON REVIEW STANDARDS FOR
748 PSYCHIATRIC BEDS AND SERVICES AND SHALL BE USED FOR DETERMINING THE NEED FOR
749 PROJECTS ESTABLISHED TO BETTER MEET THE NEEDS OF SPECIAL POPULATION GROUPS
750 WITHIN THE MENTAL HEALTH POPULATIONS.
751

752 (2) EXCEPT AS PROVIDED IN SECTIONS 2, 3, 4, 5, 6, AND 7 OF THIS ADDENDUM, THESE
753 STANDARDS SUPPLEMENT, AND DO NOT SUPERSEDE, THE REQUIREMENTS AND TERMS OF
754 APPROVAL REQUIRED BY THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND
755 SERVICES.
756

757 (3) THE DEFINITIONS WHICH APPLY TO THE CON REVIEW STANDARDS FOR PSYCHIATRIC
758 BEDS AND SERVICES SHALL APPLY TO THESE STANDARDS.
759

760 (4) FOR PURPOSES OF THIS ADDENDUM, THE FOLLOWING TERMS ARE DEFINED:

761 (a) "DEVELOPMENTAL DISABILITY UNIT" MEANS A UNIT DESIGNED FOR PSYCHIATRIC
762 PATIENTS (ADULT OR CHILD/ADOLESCENT AS APPLICABLE) WHO HAVE BEEN DIAGNOSED
763 WITH A SEVERE, CHRONIC DISABILITY AS OUTLINED IN SECTION 102, 42 USC 15002, OF THE
764 DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT OF 2000 (DD ACT) AND
765 ITS UPDATE OR FUTURE GUIDELINE CHANGES.

766 (b) "GERIATRIC PSYCHIATRIC UNIT" MEANS A UNIT DESIGNED FOR PSYCHIATRIC
767 PATIENTS AGED 65 AND OVER.

768 (c) "MEDICAL PSYCHIATRIC UNIT" MEANS A UNIT DESIGNED FOR PSYCHIATRIC PATIENTS
769 (ADULT OR CHILD/ADOLESCENT AS APPLICABLE) WHO HAVE ALSO BEEN DIAGNOSED WITH A
770 MEDICAL ILLNESS REQUIRING HOSPITALIZATION, E.G., PATIENTS WHO MAY BE ON DIALYSIS,
771 REQUIRE WOUND CARE OR NEED INTRAVENOUS OR TUBE FEEDING.
772

773 **SECTION 2. REQUIREMENTS FOR APPROVAL -- APPLICANTS PROPOSING TO INCREASE**
774 **PSYCHIATRIC BEDS -- SPECIAL USE EXCEPTIONS**
775

776 SEC. 2. A PROJECT TO INCREASE PSYCHIATRIC BEDS IN A PLANNING AREA WHICH, IF
777 APPROVED, WOULD OTHERWISE CAUSE THE TOTAL NUMBER OF PSYCHIATRIC BEDS IN THAT
778 PLANNING AREA TO EXCEED THE NEEDED PSYCHIATRIC BED SUPPLY OR CAUSE AN
779 INCREASE IN AN EXISTING EXCESS AS DETERMINED UNDER THE APPLICABLE CON REVIEW
780 STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES, MAY NEVERTHELESS BE APPROVED
781 PURSUANT TO THIS ADDENDUM.
782

783
784 **SECTION 3. STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS WITHIN**
785 **THE MENTAL HEALTH POPULATIONS**
786

787 SEC. 3. (1) A STATEWIDE POOL OF ADDITIONAL PSYCHIATRIC BEDS CONSISTS OF 170
788 BEDS NEEDED IN THE STATE IS ESTABLISHED TO BETTER MEET THE NEEDS OF SPECIAL
789 POPULATION GROUPS WITHIN THE MENTAL HEALTH POPULATIONS. THE NUMBER OF BEDS IN
790 THE POOL IS BASED ON TWO PERCENT OF THE STATEWIDE BED NEED FOR PSYCHIATRIC
791 INPATIENT BEDS ROUNDED UP TO THE NEXT TEN. BEDS IN THE POOL SHALL BE DISTRIBUTED
792 AS FOLLOWS AND SHALL BE REDUCED IN ACCORDANCE WITH SUBSECTION (2):

793 (a) DEVELOPMENTAL DISABILITY BEDS WILL BE ALLOCATED 50 ADULT BEDS AND 10
794 CHILD/ADOLESCENT BEDS.

795 (b) GERIATRIC PSYCHIATRIC BEDS WILL BE ALLOCATED 50 ADULT BEDS.

796 (c) MEDICAL PSYCHIATRIC BEDS WILL BE ALLOCATED 50 ADULT BEDS AND 10
797 CHILD/ADOLESCENT BEDS.

798
799 (2) BY SETTING ASIDE THESE BEDS FROM THE TOTAL STATEWIDE POOL, THE
800 COMMISSION'S ACTION APPLIES ONLY TO APPLICANTS SEEKING APPROVAL OF PSYCHIATRIC
801 BEDS PURSUANT TO SECTIONS 4, 5, AND 6. IT DOES NOT PRECLUDE THE CARE OF THESE
802 PATIENTS IN UNITS OF HOSPITALS, PSYCHIATRIC HOSPITALS, OR OTHER HEALTH CARE
803 SETTINGS IN COMPLIANCE WITH APPLICABLE STATUTORY OR CERTIFICATION
804 REQUIREMENTS.

805
806 (3) INCREASES IN PSYCHIATRIC BEDS APPROVED UNDER THIS ADDENDUM FOR SPECIAL
807 POPULATION GROUPS SHALL NOT CAUSE PLANNING AREAS CURRENTLY SHOWING AN
808 UNMET BED NEED TO HAVE THAT NEED REDUCED OR PLANNING AREAS SHOWING A
809 CURRENT SURPLUS OF BEDS TO HAVE THAT SURPLUS INCREASED.

810
811 (4) THE COMMISSION MAY ADJUST THE NUMBER OF BEDS AVAILABLE IN THE STATEWIDE
812 POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS WITHIN THE MENTAL HEALTH
813 POPULATIONS CONCURRENT WITH THE BIENNIAL RECALCULATION OF THE STATEWIDE
814 PSYCHIATRIC INPATIENT BED NEED. MODIFYING THE NUMBER OF BEDS AVAILABLE IN THE
815 STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS WITHIN THE MENTAL
816 HEALTH POPULATIONS PURSUANT TO THIS SECTION SHALL NOT REQUIRE A PUBLIC HEARING
817 OR SUBMITTAL OF THE STANDARD TO THE LEGISLATURE AND THE GOVERNOR IN ORDER TO
818 BECOME EFFECTIVE.

819
820 **SECTION 4. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
821 **SPECIAL POPULATION GROUPS ALLOCATED TO DEVELOPMENTAL DISABILITY PATIENTS**

822
823 SEC. 4. THE CON COMMISSION DETERMINES THERE IS A NEED FOR BEDS FOR
824 APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF
825 SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF DEVELOPMENTAL DISABILITY
826 PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL PSYCHIATRIC UNIT(S).

827
828 (1) AN APPLICANT PROPOSING TO ADD BEDS TO AN EXISTING ADULT OR
829 CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE
830 WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE
831 FOLLOWING:

832 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION AS FOLLOWS:

833 (i) DOCUMENTATION OF ITS EXISTING DEVELOPMENTAL DISABILITY PROGRAM BY THE
834 NATIONAL ASSOCIATION FOR THE DUALY DIAGNOSED (NADD) OR ANOTHER NATIONALLY-
835 RECOGNIZED ACCREDITATION ORGANIZATION FOR DEVELOPMENTAL DISABILITY CARE AND
836 SERVICES; OR

837 (ii) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
838 NADD OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
839 DEVELOPMENTAL DISABILITY BEDS PROPOSED UNDER THIS SUBSECTION.

840 (b) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
841 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

842 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
843 PATIENTS.

844 (d) THE PROPOSED BEDS WILL SERVE ONLY DEVELOPMENTAL DISABILITY PATIENTS.

845
846 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
847 MEDICAID.

848
849 **SECTION 5. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
850 **SPECIAL POPULATION GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC PATIENTS**

851
852 SEC. 5. THE CON COMMISSION DETERMINES THERE IS A NEED FOR BEDS FOR
853 APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF
854 SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF GERIATRIC PSYCHIATRIC
855 PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL PSYCHIATRIC UNIT(S).

856
857 (1) AN APPLICANT PROPOSING TO ADD BEDS TO AN EXISTING ADULT PSYCHIATRIC
858 SERVICE UNDER THIS SECTION SHALL DEMONSTRATE WITH CREDIBLE DOCUMENTATION TO
859 THE SATISFACTION OF THE DEPARTMENT EACH OF THE FOLLOWING:

860 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION AS FOLLOWS:

861 (i) DOCUMENTATION OF ITS EXISTING GERIATRIC PSYCHIATRIC PROGRAM BY THE
862 COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) OR ANOTHER
863 NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC
864 CARE AND SERVICES; OR

865 (ii) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
866 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
867 GERIATRIC PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

868 (b) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
869 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

870 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
871 PATIENTS.

872 (d) THE PROPOSED BEDS WILL SERVE ONLY GERIATRIC PSYCHIATRIC PATIENTS.

873
874 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED
875 FOR MEDICARE AND MEDICAID.

876
877 **SECTION 6. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
878 **SPECIAL POPULATION GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC PATIENTS**

879
880 SEC. 6. THE CON COMMISSION DETERMINES THERE IS A NEED FOR BEDS FOR
881 APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF
882 SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF MEDICAL PSYCHIATRIC
883 PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL PSYCHIATRIC UNIT(S).

884
885 (1) AN APPLICANT PROPOSING TO ADD BEDS TO AN EXISTING ADULT OR
886 CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE
887 WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE
888 FOLLOWING:

889 (a) THE BEDS WILL BE OPERATED AS PART OF A SPECIALIZED PROGRAM EXCLUSIVELY
890 FOR ADULT OR CHILD/ADOLESCENT MEDICAL PSYCHIATRIC PATIENTS, AS APPLICABLE,
891 WITHIN A LICENSED HOSPITAL LICENSED UNDER PART 215 OF THE CODE.

892 (b) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION AS FOLLOWS:

893 (i) DOCUMENTATION OF ITS EXISTING MEDICAL PSYCHIATRIC PROGRAM BY CARF OR
894 ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR MEDICAL
895 PSYCHIATRIC CARE AND SERVICES; OR

896 (ii) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
897 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
898 MEDICAL PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

899 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
900 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

901 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
902 PATIENTS.

903 (e) THE PROPOSED BEDS WILL SERVE ONLY MEDICAL PSYCHIATRIC PATIENTS.

904
905 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
906 MEDICAID.

907
908 **SECTION 7. ACQUISITION OF PSYCHIATRIC BEDS APPROVED PURSUANT TO THIS ADDENDUM**

909
910 SEC. 7. (1) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE
911 STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO DEVELOPMENTAL
912 DISABILITY SHALL MEET THE FOLLOWING:

913 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF THE EXISTING
914 DEVELOPMENTAL DISABILITY PROGRAM BY THE NATIONAL ASSOCIATION FOR THE DUALY
915 DIAGNOSED (NADD) OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION
916 FOR DEVELOPMENTAL DISABILITY CARE AND SERVICES.

917 (b) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
918 NADD OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
919 DEVELOPMENTAL DISABILITY BEDS PROPOSED UNDER THIS SUBSECTION.

920 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
921 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

922 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
923 PATIENTS.

924 (e) THE PROPOSED BEDS WILL SERVE ONLY DEVELOPMENTAL DISABILITY PATIENTS.

925 (f) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
926 MEDICAID.

927
928 (2) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE STATEWIDE
929 POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC SHALL
930 MEET THE FOLLOWING:

931 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF THE EXISTING
932 GERIATRIC PSYCHIATRIC PROGRAM BY CARF OR ANOTHER NATIONALLY-RECOGNIZED
933 ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC CARE AND SERVICES.

934 (b) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
935 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
936 GERIATRIC PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

937 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
938 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

939 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
940 PATIENTS.

941 (e) THE PROPOSED BEDS WILL SERVE ONLY GERIATRIC PSYCHIATRIC PATIENTS.

942 (f) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED
943 FOR MEDICARE AND MEDICAID.

945 (3) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE STATEWIDE
946 POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC SHALL
947 MEET THE FOLLOWING:

948 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF THE EXISTING
949 MEDICAL PSYCHIATRIC PROGRAM BY CARF OR ANOTHER NATIONALLY-RECOGNIZED
950 ACCREDITATION ORGANIZATION FOR MEDICAL PSYCHIATRIC CARE AND SERVICES.

951 (b) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
952 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
953 MEDICAL PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

954 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
955 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

956 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
957 PATIENTS.

958 (e) THE PROPOSED BEDS WILL SERVE ONLY MEDICAL PSYCHIATRIC PATIENTS.

959 (f) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
960 MEDICAID.

961
962 **SECTION 8. PROJECT DELIVERY REQUIREMENTS -- TERMS OF APPROVAL FOR ALL**
963 **APPLICANTS SEEKING APPROVAL UNDER SECTION 3(1) OF THIS ADDENDUM**
964

965 SEC. 8. (1) AN APPLICANT SHALL AGREE THAT IF APPROVED, THE SERVICES SHALL BE
966 DELIVERED IN COMPLIANCE WITH THE TERMS OF APPROVAL REQUIRED BY THE CON REVIEW
967 STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

968
969 (2) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
970 GROUPS ALLOCATED TO DEVELOPMENTAL DISABILITY PATIENTS SHALL AGREE THAT, IF
971 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
972 ACCORDANCE WITH THE FOLLOWING TERMS OF CON APPROVAL:

973 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
974 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
975 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
976 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
977 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
978 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
979 FOR DEVELOPMENTAL DISABILITY BEDS.

980 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR DEVELOPMENTAL DISABILITY
981 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
982 SUCH INDIVIDUALS.

983 (c) AN APPLICANT SHALL MAINTAIN NADD CERTIFICATION OR ANOTHER NATIONALLY-
984 RECOGNIZED ACCREDITATION ORGANIZATION FOR DEVELOPMENTAL DISABILITY CARE AND
985 SERVICES.

986 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND
987 PROCEDURES FOR EACH OF THE FOLLOWING:

988 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
989 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE DEVELOPMENTAL
990 DISABILITY UNIT.

991 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

992 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
993 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
994 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

995 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
996 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
997 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

998 (f) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
999 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF
1000 DEVELOPMENTAL DISABILITY PATIENTS.

1001 (g) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1002 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1003 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1004 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

1005
1006 (3) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1007 GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC PATIENTS SHALL AGREE THAT IF
1008 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1009 ACCORDANCE WITH THE FOLLOWING TERMS OF CON APPROVAL:

1010 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1011 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1012 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1013 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
1014 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1015 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1016 FOR GERIATRIC PSYCHIATRIC BEDS.

1017 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR GERIATRIC PSYCHIATRIC
1018 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1019 SUCH INDIVIDUALS.

1020 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1021 RECOGNIZED ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC CARE AND
1022 SERVICES.

1023 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND
1024 PROCEDURES FOR EACH OF THE FOLLOWING:

1025 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1026 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE GERIATRIC
1027 PSYCHIATRIC UNIT.

1028 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1029 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1030 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1031 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1032 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1033 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
1034 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

1035 (f) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1036 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF GERIATRIC
1037 PSYCHIATRIC PATIENTS.

1038 (g) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1039 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1040 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1041 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

1042
1043 (4) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1044 GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC PATIENTS SHALL AGREE THAT, IF
1045 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1046 ACCORDANCE WITH THE FOLLOWING CON TERMS OF APPROVAL.

1047 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1048 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1049 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1050 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL

1051 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1052 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1053 FOR MEDICAL PSYCHIATRIC BEDS.

1054 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR MEDICAL PSYCHIATRIC
1055 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1056 SUCH INDIVIDUALS.

1057 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1058 RECOGNIZED ACCREDITATION ORGANIZATION FOR MEDICAL PSYCHIATRIC CARE AND
1059 SERVICES.

1060 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND
1061 PROCEDURES FOR EACH OF THE FOLLOWING:

1062 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1063 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE MEDICAL
1064 PSYCHIATRIC UNIT.

1065 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1066 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1067 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1068 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1069 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1070 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
1071 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

1072 (f) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1073 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF MEDICAL
1074 PSYCHIATRIC PATIENTS.

1075 (g) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1076 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1077 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1078 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

1079
1080 **SECTION 9. COMPARATIVE REVIEWS, EFFECT ON PRIOR CON REVIEW STANDARDS**

1081
1082 SEC. 9. (1) PROJECTS PROPOSED UNDER SECTION 4 SHALL BE CONSIDERED A DISTINCT
1083 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.

1084
1085 (2) PROJECTS PROPOSED UNDER SECTION 5 SHALL BE CONSIDERED A DISTINCT
1086 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.

1087
1088 (3) PROJECTS PROPOSED UNDER SECTION 6 SHALL BE CONSIDERED A DISTINCT
1089 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.