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## MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

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.)

## 10 Section 1. Applicability

12 Sec. 1. (1) These standards are requirements for approval and delivery of nursing homes and 13 HLTCU services under Part 222 of the Code THAT INVOLVE A) BEGINNING OPERATION OF A NEW NURSING HOME/HLTCU, (B) REPLACING BEDS IN A NURSING HOME/HLTCU OR PHYSICALLY 14 15 RELOCATING NURSING HOME/HLTCU BEDS FROM ONE LICENSED SITE TO ANOTHER GEOGRAPHIC LOCATION, (C) INCREASING LICENSED BEDS IN A NURSING HOME/HLTCU .-- A 16 17 nursing home-licensed under Part 217 and a HLTCU defined in Section 20106(6), OR (D) ACQUIRING A 18 NURSING HOME/HLTCU. PURSUANT TO THE CODE, A NURSING HOME/HLTCU are-IS A covered 19 health facilities facilitY for purposes of Part 222 of the Code. The Department shall use these standards in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and 20 21 Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws. 22

## (2) AN INCREASE IN LICENSED NURSING HOME/HLTCU BEDS IS A CHANGE IN BED CAPACITY FOR PURPOSES OF PART 222 OF THE CODE.

(3) THE PHYSICAL RELOCATION OF NURSING HOME/HLTCU BEDS FROM A LICENSED SITE
 TO ANOTHER GEOGRAPHIC LOCATION IS A CHANGE IN BED CAPACITY FOR PURPOSES OF
 PART 222 OF THE CODE.

## Section 2. Definitions

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

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

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

(c) "Applicant's cash" means the total unrestricted cash, designated funds, and restricted funds
 reported by the applicant as the source of funds in the application.

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

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

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

50 (g) "Common ownership or control" means a nursing home, regardless of the state in which it is 51 located, that is owned by, is under common control of, or has a common parent as the applicant nursing home pursuant to the definition of common ownership or control utilized by the Department's Bureau ofHealth Systems.

54 (h) "Comparative group" means the applications which have been grouped for the same type of 55 project in the same planning area or statewide special pool group and which are being reviewed 56 comparatively in accordance with the CON rules.

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

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

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

67 (I) "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 vet 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.

(m) "Health service area" or "HSA" means the geographic area established for a health systems
 agency pursuant to former Section 1511 of the Public Health Service Act and set forth in Section 14.

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

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

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

(q) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6\_TO
 <u>1396G</u> and 1396r-8I to <u>1396v1396U</u>.

87 (r) "Metropolitan statistical area county" means a county located in a metropolitan statistical area
 88 as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by
 89 the statistical policy office of the office of information and regulatory affairs of the United States office of
 90 management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.

91 (s) "Micropolitan statistical area county" means a county located in a micropolitan statistical area as
 92 that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by
 93 the statistical policy office of the office of information and regulatory affairs of the United States office of
 94 management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.

95 (t) "New design model" means a nursing home/HLTCU built in accordance with specified design 96 requirements as identified in the applicable sections.

97 (u) "Nursing home" means a nursing care facility, including a county medical care facility, but
98 excluding a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being
99 sections 36.1 to 36.12 of the Michigan Compiled Laws, that provides organized nursing care and medical
100 treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or infirmity.
101 This term applies to the licensee only and not the real property owner if different than the licensee.
(v) "Nursing home" means a hod in a health facility licensed under Data 247 of the Code and

(v) "Nursing home bed" means a bed in a health facility licensed under Part 217 of the Code or a
 licensed bed in a hospital long-term-care unit. The term does not include short-term nursing care program

CON Review Standards for Nursing Home and HLTCU Beds Draft for Workgroup Meeting on 3/27/14 Workgroup Recommendations Highlighted in Yellow CON-217 Page 2 of 38 beds approved pursuant to Section 22210 of the Code being Section 333.22210 of the Michigan Compiled
Laws or beds in health facilities listed in Section 22205(2) of the Code, being Section 333.22205(2) of the
Michigan Compiled Laws.

107 (w) "Occupancy rate" means the percentage which expresses the ratio of the actual number of 108 patient days of care provided divided by the total number of patient days. Total patient days is calculated 109 by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying these beds by the number of days that they were licensed and/or CON approved but not vet licensed. This shall 110 111 include nursing home beds approved from the statewide pool. Occupancy rates shall be calculated using 112 verifiable data from either (i) the actual number of patient days of care for 12 continuous months of data 113 from the MDCH Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey 114 instrument or (ii) the actual number of patient days of care for 4 continuous guarters of data as reported to 115 the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the 116 most recent available data. 117 (x) "Planning area" means the geographic boundaries of each county in Michigan with the

exception of: (i) Houghton and Keweenaw counties, which are combined to form one planning area and
(ii) Wayne County which is divided into three planning areas. Section 12 identifies the three planning
areas in Wayne County and the specific geographic area included in each.

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

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

(aa) "Relocation of existing nursing home/HLTCU beds" means a change in the location of existing
 nursing home/HLTCU beds from the licensed site to a different licensed site within the planning area.
 (bb) "Renewal of lease" means execution of a lease between the licensee and a real property owner

in which the total lease costs exceed the capital expenditure threshold.

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

- (dd) "Replacement zone" means a proposed licensed site that is,
  - (i) for a rural or micropolitan statistical area county, within the same planning area as the existing licensed site.
- (ii) for a county that is not a rural or micropolitan statistical area county,
- 142 (A) within the same planning area as the existing licensed site and
- 143 (B) within a three-mile radius of the existing licensed site.

(ee) "Rural county" means a county not located in a metropolitan statistical area or micropolitan
 statistical areas as those terms are defined under the "standards for defining metropolitan and

145 statistical areas as those terms are defined under the statidards for defining metropolitan and 146 micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of

# the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.

149 (ff) "Staffing/Bed Utilization Ratios Report" means the report issued by the Department on a 150 quarterly basis.

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

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

156 Section 3. Determination of needed nursing home bed supply 157 158 Sec. 3 (1)(a) The age specific use rates for the planning year shall be the actual statewide age 159 specific nursing home use rates using data from the base year. 160 (b) The age cohorts for each planning area shall be: (i) age 0 - 64 years, (ii) age 65 - 74 years, (iii) 161 age 75 - 84 years, and (iv) age 85 and older. 162 (c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5. 163 the use rates for the base year for each corresponding age cohort, established in accord with subsection 164 (1)(b), are set forth in Appendix AB. 165 166 (2) The number of nursing home beds needed in a planning area shall be determined by the 167 following formula: 168 (a) Determine the population for the planning year for each separate planning area in the age cohorts established in subsection (1)(b). 169 170 (b) Multiply each population age cohort by the corresponding use rate established in Appendix AB. 171 (c) Sum the patient days resulting from the calculations performed in subsection (b). The resultant 172 figure is the total patient days. 173 (d) Divide the total patient days obtained in subsection (c) by 365 (or 366 for leap years) to obtain 174 the projected average daily census (ADC). (e) The following shall be known as the ADC adjustment factor. (i) If the ADC determined in 175 176 subsection (d) is less than 100, divide the ADC by 0.90. (ii) If the ADC determined in subsection (d) is 100 177 or greater, divide the ADC by 0.95. 178 (f) The number determined in subsection (e) represents the number of nursing home beds needed 179 in a planning area for the planning year. 180 181 Section 4. Bed need 182 183 Sec. 4. (1) The bed need numbers shown in Appendix B and incorporated as part of these standards shall apply to project applications subject to review under these standards, except where a 184 185 specific CON standard states otherwise. 186 187 (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis. 188 189 (3) The base year and the planning year that shall be utilized in applying the methodology pursuant 190 to subsection (2) shall be set according to the most recent data available to the Department. 191 192 (4) The effective date of the bed need numbers shall be established by the Commission. 193 194 (5) New bed need numbers established by subsections (2) and (3) shall supersede the PREVIOUS 195 bed need numbers shown in Appendix B and shall be included as an amended appendix to these 196 standardsPOSTED ON THE STATE OF MICHIGAN CON WEB SITE AS PART OF THE NURSING HOME/HLTCU BED INVENTORY. 197 198 199 (6) Modifications made by the Commission pursuant to this section shall not require standard 200 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the 201 Governor in order to become effective. 202 203 Section 5. Modification of the age specific use rates by changing the base year 204 205 Sec. 5. (1) The base year shall be modified based on data obtained from the Department and 206 presented to the Commission. The Department shall calculate use rates for each of the age cohorts set

forth in Section 3(1)(b) and biennially present the revised use rates based on 2006 information, or the
 most recent base year information available biennially after 2006, to the CON Commission.

(2) The Commission shall establish the effective date of the modifications made pursuant tosubsection (1).

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

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

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

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

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

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

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

(iv) A number of citations at Level D of 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

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) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
 Program (QAAP) or Civil Monetary Penalties (CMP).

CON Review Standards for Nursing Home and HLTCU Beds Draft for Workgroup Meeting on 3/27/14 Workgroup Recommendations Highlighted in Yellow (b) The applicant certifies that the requirements found in the Minimum Design Standards for Health
Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978,
as amended and are published by the Department, will be met when the architectural blueprints are
submitted for review and approval by the Department.

(c) 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 Systems within the Department. Code deficiencies
 include any unresolved deficiencies still outstanding with the Department.

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

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

(ii) An exception to the number of beds may be approved, if the applicant facility has experienced
an average occupancy rate of 97% for 12 quarters based on the Department's "Staffing/Bed Utilization
Ratios Report." The number of beds that may be approved in excess of the bed need for each planning
area identified in Appendix B is set forth in subsection (A).

268 (A) The number of beds that may be approved pursuant to this subsection shall be the number of 269 beds necessary to reduce the occupancy rate for the planning area in which the additional beds are 270 proposed to the ADC adjustment factor for that planning area as shown in Appendix BC. The number of 271 beds shall be calculated by (1) dividing the actual number of patient days of care provided during the most 272 recent 12-month period for which verifiable data are available to the Department provided by all nursing 273 home (including HLTCU) beds in the planning area, including patient days of care provided in beds 274 approved from the statewide pool of beds and dividing that result by 365 (or 366 for leap years); (2) 275 dividing the result of step (1) by the ADC adjustment factor for the planning area in which the beds are 276 proposed to be added; (3) rounding the result of step (2) up to the next whole number; and (4) subtracting 277 the total number of beds in the planning area including beds approved from the statewide pool of beds 278 from the result of step (3). If the number of beds necessary to reduce the planning area occupancy rate to 279 the ADC adjustment factor for that planning area is equal to or more than 20, the number of beds that may 280 be approved pursuant to this subsection shall be up to that number of beds. If the number of beds 281 necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area 282 is less than 20, the number of additional beds that may be approved shall be that number of beds or up to 283 a maximum of 20 beds.

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

(A) The planning area in which the beds will be located shall have a population density of less than
 28 individuals per square mile based on the 2000 U.S. Census figures as set forth in Appendix <u>DE</u>.

(B) The applicant facility has experienced an average occupancy rate of 92% for the most recent 24
 months based on the Department's "Staffing/Bed Utilization Ratios Report."

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

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

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

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

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(i) A state enforcement action resulting in a license revocation, reduced license capacity, or 300 receivership within the last three years, or from the change of ownership date if the facility has come 301 under common ownership or control within 24 months of the date of the application.

302 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the 303 facility has come under common ownership or control within 24 months of the date of the application.

304 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement 305 initiated by the Department or licensing and certification agency in another state, within the last three 306 years, or from the change of ownership date if the facility has come under common ownership or control 307 within 24 months of the date of the application.

308 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and 309 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated 310 from the quarter in which the standard survey was completed, in the state in which the nursing 311 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all 312 licensed only facilities on the last two licensing surveys. However, if the facility has come under common

313 ownership or control within 24 months of the date of the application, the first two licensing surveys as of 314 the change of ownership date, shall be excluded.

315 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid 316 Services.

317 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment 318 Program (QAAP) 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 20145(6) 324 of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any future 325 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;

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

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

(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 bathroom serving no more than two residents in both the central support inpatient facility and 339 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 set forth in Appendix B, unless 342 the following is met:

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

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

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## 351 Section 7. Requirements for approval to relocate existing nursing home/HLTCU beds

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  353 Sec. 7. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be required
  354 to be in compliance with the needed nursing home bed supply set forth in Appendix B, if the applicant
  355 demonstrates all of the following:
  356 (a) An existing nursing home may relocate no more than 50% of its beds to another existing
- a) All existing nursing nome may relocate no more than 30% of its beds to another existing nursing
   nursing home, and an existing HLTCU may relocate all or a portion of its beds to another existing nursing
   home/HLTCU.
- 359 (b) The nursing home/HLTCU from which the beds are being relocated and the nursing
- 360 home/HLTCU receiving the beds shall not require any ownership relationship.
- 361 (c) The nursing home/HLTCU from which the beds are being relocated and the nursing

362 home/HLTCU receiving the beds must be located in the same planning area.

- 363 (d) The nursing home/HLTCU from which the beds are being relocated has not relocated any beds
   364 within the last seven (7) years.
- 365 (e) The relocated beds shall be licensed to the receiving nursing home/HLTCU and will be counted
   366 in the inventory for the applicable planning area.
- (f) At the time of transfer to the receiving facility, patients in beds to be relocated must be given the choice of remaining in another bed in the nursing home/HLTCU from which the beds are being transferred or to the receiving nursing home/HLTCU. Patients shall not be involuntary discharged to create a vacant bed.
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- 372 (2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing nursing
   373 home/HLTCU under subsection (1), shall not be required to be in compliance with the needed nursing
   374 home bed supply set forth in Appendix B, if the applicant demonstrates all of the following:
- nome bed supply set form in Appendix B, if the applicant demonstrates all of the following:
- 375 (a) At the time of application, the applicant, as identified in the table, shall provide a report
   376 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
   377 nursing homes/HLTCUs:
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Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing	All Michigan nursing homes/HLTCUs under
homes/HLTCUs	common ownership or control
Applicant with 10 or more Michigan nursing	All Michigan nursing homes/HLTCUs under
homes/HLTCUs and out of state nursing	common ownership or control
homes/HLTCUs	
Applicant with fewer than 10 Michigan nursing	All Michigan and out of state nursing
homes/HLTCUs and out of state nursing	homes/HLTCUs under common ownership or
homes/HLTCUs	control

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- 380 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
   381 receivership within the last three years, or from the change of ownership date if the facility has come
   382 under common ownership or control within 24 months of the date of the application.
- 383 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
   384 facility has come under common ownership or control within 24 months of the date of the application.
   385 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
- 386 initiated by the Department or licensing and certification agency in another state, within the last three

- 387 years, or from the change of ownership date if the facility has come under common ownership or control
- 388 within 24 months of the date of the application.
- 389 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
- 390 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
- 391 from the quarter in which the standard survey was completed, in the state in which the nursing
- 392 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
- 393 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
- 394 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
- 395 the change of ownership date, shall be excluded.
- 396 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
   397 Services.
- 398 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
- 399 Program (QAAP) or Civil Monetary Penalties (CMP).
- 400 (b) The approval of the proposed new nursing home/HLTCU beds shall not result in an increase in
   401 the number of nursing home beds in the planning area.
- 402 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
   403 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
   404 include any unresolved deficiencies still outstanding with the Department.
- 405406Section 87. Requirements for approval to replace beds
- 407 408

Sec. 87. An applicant proposing to replace beds must meet the following as applicable.

410 (1) An applicant proposing to replace beds within the replacement zone shall not be required to be
 411 in compliance with the needed nursing home bed supply set forth in Appendix B if the applicant
 412 demonstrates all of the following:

- (a) At the time of application, the applicant, as identified in the table, shall provide a report
   demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
- demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
   nursing homes/HLTCUs:
- 416

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

417

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

- 421 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the 422 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.
- 427 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
   428 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
   429 from the quarter in which the standard survey was completed, in the state in which the nursing

430 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all 431 licensed only facilities on the last two licensing surveys. However, if the facility has come under common 432 ownership or control within 24 months of the date of the application, the first two licensing surveys as of 433 the change of ownership date, shall be excluded.

- 434 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid 435 Services.
- (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment 436 437 Program (QAAP) or Civil Monetary Penalties (CMP).
- 438 (b) The proposed project is either to replace the licensed nursing home/HLTCU to a new site or 439 replace a portion of the licensed beds at the existing licensed site. 440
  - (c) The proposed site is within the replacement zone.
- 441 (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health 442 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978, 443 as amended and are published by the Department, will be met when the architectural blueprints are 444 submitted for review and approval by the Department.
- 445 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has 446 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies 447 include any unresolved deficiencies still outstanding with the Department. 448
- 449 (2) An applicant proposing to replace a licensed nursing home/HLTCU outside the replacement 450 zone shall demonstrate all of the following:
- 451 (a) At the time of application, the applicant, as identified in the table, shall provide a report 452 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its 453 nursing homes/HLTCUs:

4	5	4

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

455

456 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or 457 receivership within the last three years, or from the change of ownership date if the facility has come 458 under common ownership or control within 24 months of the date of the application.

459 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the 460 facility has come under common ownership or control within 24 months of the date of the application.

461 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement 462 initiated by the Department or licensing and certification agency in another state, within the last three 463 years, or from the change of ownership date if the facility has come under common ownership or control 464 within 24 months of the date of the application.

465 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and 466 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated 467 from the guarter in which the standard survey was completed, in the state in which the nursing 468 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all 469 licensed only facilities on the last two licensing surveys. However, if the facility has come under common 470 ownership or control within 24 months of the date of the application, the first two licensing surveys as of

471 the change of ownership date, shall be excluded. 472 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid473 Services.

474 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
 475 Program (QAAP) or Civil Monetary Penalties (CMP).

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

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

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

484 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
 485 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
 486 include any unresolved deficiencies still outstanding with the Department.
 487

488 (3) An applicant proposing to replace beds with a new design model shall not be required to be in
 489 compliance with the needed nursing home bed supply-set forth in Appendix B if the applicant
 490 demonstrates all of the following:

491 (a) The proposed project results in no more than 100 beds per new design model and meets the492 following design standards:

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

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

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

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

- (c) handrails shall be required on both sides of patient corridors; and
- (d) ceiling heights shall be a minimum of 7 feet 10 inches.

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505 (iii) The proposed project shall comply with applicable life safety code requirements and shall be 506 fully sprinkled and air conditioned.

507 (iv) The Department may waive construction requirements for new design model projects if 508 authorized by law.

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

514 (c) The proposed project shall be within the replacement zone unless the applicant demonstrates 515 all of the following:

(i) The proposed site for the replacement beds is in the same planning area, and not within a three
 mile radius of a licensed nursing home that has been newly constructed, or replaced (including approved
 projects) within five calendar years prior to the date of the application,

519 (ii) The applicant shall provide a signed affidavit or resolution from its governing body or authorized 520 agent stating that the proposed licensed site will continue to provide service to the same market, and

521 (iii) The current patients of the facility/beds being replaced shall be admitted to the replacement 522 beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the 523 replacement facility/beds. (d) An approved project may involve replacement of a portion of the beds of an existing facility at a
 geographic location within the replacement zone that is not physically connected to the current licensed
 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate
 license shall be issued to the facility at the new location.

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

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

533			
534	Sec. 8. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be		
535	required to be in compliance with the needed nursing home bed supply if the applicant demonstrates all c		
536	the following:		
537	(a) An existing nursing home may relocate no	more than 50% of its beds to another existing	
538	nursing home, and an existing HLTCU may relocate	all or a portion of its beds to another existing nursing	3
539	home/HLTCU.		
540	(b) The nursing home/HLTCU from which the	beds are being relocated and the nursing	
541	home/HLTCU receiving the beds shall not require an	<u>y ownership relationship.</u>	
542	(c) The nursing home/HLTCU from which the	beds are being relocated and the nursing	
543	home/HLTCU receiving the beds must be located in	the same planning area.	
544	(d) The nursing home/HLTCU from which the	beds are being relocated has not relocated any bed	S
545	within the last seven (7) years.		
546	(e) The relocated beds shall be licensed to the	ereceiving nursing home/HLTCU and will be counte	d
547	in the inventory for the applicable planning area.		
548	(f) At the time of transfer to the receiving facil	ity, patients in beds to be relocated must be given th	<u>ie</u>
549	choice of remaining in another bed in the nursing hor	ne/HLTCU from which the beds are being transferre	эd
550	or to the receiving nursing home/HLTCU. Patients s	nall not be involuntary discharged to create a vacant	t
551	bed.		
552			
553		home/HLTCU beds, as the receiving existing nursi	ng
554	home/HLTCU under subsection (1), shall not be required to be in compliance with the needed nursing		
555	home bed supply, if the applicant demonstrates all of the following:		
556	(a) At the time of application, the applicant, as identified in the table, shall provide a report		
557	demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its		
558	nursing homes/HLTCUs:		
559			
	Type of Applicant	Reporting Requirement	

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

560 561 562

(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

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568	years, or from the change of ownership date if the facility has come under common ownership or control
569	within 24 months of the date of the application.
570	(iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
571	severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
572	from the quarter in which the standard survey was completed, in the state in which the nursing
573	home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
574	licensed only facilities on the last two licensing surveys. However, if the facility has come under common
575	ownership or control within 24 months of the date of the application, the first two licensing surveys as of
576	the change of ownership date, shall be excluded.
577	(v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
578	Services.
579	(vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
580	Program (QAAP) or Civil Monetary Penalties (CMP).
581	(b) The approval of the proposed new nursing home/HLTCU beds shall not result in an increase in
582	the number of nursing home beds in the planning area.
583	(c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
584	been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
585	include any unresolved deficiencies still outstanding with the Department.
586	
587	
588	Section 9. Requirements for approval to acquire an existing nursing home/HLTCU or renew the
589	lease of an existing nursing home/HLTCU
590	
591	Sec. 9. An applicant proposing to acquire an existing nursing home/HLTCU or renew the lease of an
592	existing nursing home/HLTCU must meet the following as applicable:
593	
594	(1) An applicant proposing to acquire an existing nursing home/HLTCU shall not be required to be
595	in compliance with the needed nursing home bed supply set forth in Appendix B for the planning area in
596	which the nursing home or HLTCU is located if the applicant demonstrates all of the following:
597	(a) At the time of application, the applicant, as identified in the table, shall provide a report
598	demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
599	nursing homes/HLTCUs:
600	

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

602

603 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or 604 receivership within the last three years, or from the change of ownership date if the facility has come 605 under common ownership or control within 24 months of the date of the application.

606 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the 607 facility has come under common ownership or control within 24 months of the date of the application.

608 (iii) termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement 609 initiated by the Department or licensing and certification agency in another state, within the last three 610 years, or from the change of ownership date if the facility has come under common ownership or control 611 within 24 months of the date of the application.

612 (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 613 614 from the guarter 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 615 616 licensed only facilities on the last two licensing surveys. However, if the facility has come under common 617 ownership or control within 24 months of the date of the application, the first two licensing surveys as of 618 the change of ownership date, shall be excluded.

619 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid 620 Services.

621 (vi) Outstanding debt obligation to the state of Michigan for quality assurance assessment program 622 (QAAP) OR civil monetary penalties (CMP). 623

- (b) The acquisition will not result in a change in bed capacity.
- (c) The licensed site does not change as a result of the acquisition.
- (d) The project is limited solely to the acquisition of a nursing home/HLTCU with a valid license.
- 626 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has 627 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies 628 include any unresolved deficiencies still outstanding with the Department, and

629 (f) The applicant shall participate in a quality improvement program, approved by the Department, 630 for five years and provide an annual report to the Michigan State Long-Term-Care Ombudsman, Bureau 631 of Health Systems, and shall post the annual report in the facility if the facility being acquired has met any 632 of conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).

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- 634 (2) An applicant proposing to acquire an existing nursing home/HLTCU approved pursuant to the 635 new design model shall demonstrate the following:
- 636 (a) At the time of application, the applicant, as identified in the table, shall provide a report 637 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its 638 nursing homes/HLTCUs:
- 639

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

641

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

645 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the 646 facility has come under common ownership or control within 24 months of the date of the application.

647 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
648 initiated by the Department or licensing and certification agency in another state, within the last three
649 years, or from the change of ownership date if the facility has come under common ownership or control
650 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.

658 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid 659 Services.

(vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
 Program (QAAP) or Civil Monetary Penalties (CMP).

(b) An applicant will continue to operate the existing nursing home/HLTCU pursuant to the newdesign 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 Systems, 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 Systems within the Department. Code deficiencies
 include any unresolved deficiencies still outstanding with the Department.

672 (3) An applicant proposing to renew the lease for an existing nursing home/HLTCU shall not be 673 required to be in compliance with the needed nursing home bed supply-set forth in Appendix B for the 674 planning area in which the nursing home/HLTCU is located, if the applicant demonstrates all of the 675 following:

- (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.

(c) 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 Systems within the Department. Code deficiencies
 include any unresolved deficiencies still outstanding with the Department.

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683 Section 10. Review standards for comparative review

685 Sec. 10. (1) Any application subject to comparative review, under Section 22229 of the Code, being 686 Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and 687 reviewed comparatively with other applications in accordance with the CON rules.

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689 (2) The degree to which each application in a comparative group meets the criterion set forth in 690 Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws, shall be determined 691 based on the sum of points awarded under subsections (a) and (b). 692

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

693 (i) For an existing nursing home/HLTCU, the current percentage of patient days of care 694 reimbursed by Medicaid for the most recent 12 months of operation.

695 (ii) For a new nursing home/HLTCU, the proposed percentage of patient days of care to be 696 reimbursed by Medicaid in the second 12 months of operation following project completion. 697

Percentage of Medicaid Patient Days (calculated using total patient days for all existing and	Points Awarded	
proposed beds at the facility)	Current	Proposed
20 – 59%	6	3
60 – 100%	10	5

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719

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

700 (i) For an existing nursing home/HLTCU, nine (9) points if 100%, six (6) points if 75%, and four (4) 701 points if 50% of the licensed nursing home beds are Medicaid certified for the most recent 12 months of 702 operations.

703 (ii) For a new nursing home/HLTCU, seven (7) points if 100%, four (4) points if 75%, and two (2) 704 points if 50% of the proposed beds will be Medicaid certified by the second 12 months of operation 705 following project completion. 706

707 (3) A qualifying project will be awarded points based on the most recent 12 months of participation 708 level in the Medicare program for an existing nursing home/HLTCU and the proposed participation level 709 for a new nursing home/HLTCU. 710

Participation Level	Points <u>Award</u>	
Medicare certification of at I one (1) bed but less than 10		
Medicare certification of 100 all existing and proposed be		

720 (4) A gualifying project will have 15 points deducted if the applicant has any of the following at the 721 time the application is submitted:

(a) is currently a special focus nursing home/HLTCU as identified by the Centers for Medicare and 722 723 Medicaid Services (CMS):

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

725 (eb) has had more than eight (8) substandard quality of care citations; immediate harm citations,

726 and/or immediate jeopardy citations in the three (3) most recent standard survey cycles (includes

- 727 intervening abbreviated surveys, standard surveys, and revisits);
- (dc) has had an involuntary termination or voluntary termination at the threat of a medical assistance 728 729 provider enrollment and trading partner agreement within the last three (3) years;

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CON-217 Page 16 of 38 (ed) has had a state enforcement action resulting in a reduction in license capacity or a ban on
 admissions within the last three (3) years; or

(fe) has any outstanding debt obligation to the state of Michigan for quality assurance assessment
 program (QAAP), civil monetary penalties (CMP), Medicaid level of care determination (LOCD), or
 preadmission screening and annual resident review (PASARR).

(5) A qualifying project will be awarded <u>10-FIVE (5)</u> points if the applicant provides documentation
that it participates or five (5) points if it proposes to participate in a culture change model, which contains
person centered care, ongoing staff training, and measurements of outcomes. An additional five-THREE
(53) points will be awarded if the culture change model, either currently used or proposed, is a model
approved by the Department.

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

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

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(7) A qualifying project will be awarded five (5) points if the existing or proposed nursing home/HLTCU is fully equipped with sprinklers.

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749 (8) A qualifying project will be awarded five (5) points if the existing or proposed nursing
 750 home/HLTCU is fully equipped with air conditioning.

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(9) A qualifying project will be awarded points based on the proposed project as follows:

Facility Design	Points
	Awarded
100% private rooms with adjoining sink, toilet, and shower	10
100% private rooms with dedicated sink and shared	5
adjoining toilet, sink and shower	
80% private rooms with dedicated sink, shared adjoining	3
toilet and sink, and central showers with adjoining space for	
drying and dressing in visual privacy	

754

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

(11) A qualifying project will be awarded five (5) points if the applicant provides its audited financial
statements.

(12) A qualifying project will be awarded five (5) points if the proposed beds will be housed in newconstruction.

763 764

(13) A qualifying project will be awarded 10 points if the existing nursing home/HLTCU eliminates all of its 3- and 4-OR MORE bed wards.

767 (14) A qualifying project will be awarded 5 points if the existing or proposed nursing home/HLTCU is 768 on or readily accessible to an existing or proposed public transportation route.

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(15) A qualifying project will be awarded no more than four (4) points for technological innovation as 770 771 follows:

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Technology Feature	Points Awarded
Electronic health record and computer point-of-service	1
entry capability (including wireless tablets)	
Wireless nurse call/paging system including wireless	1
devices carried by direct care staff	
Wireless internet in total existing and proposed facility	1
Computer stations or internet cafes for resident use	1

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774 (16) Submission of conflicting information in this section may result in a lower point award. If an 775 application contains conflicting information which could result in a different point value being awarded in 776 this section, the Department will award points based on the lower point value that could be awarded from the conflicting information. For example, if submitted information would result in 6 points being awarded, 777 778 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If 779 the conflicting information does not affect the point value, the Department will award points accordingly. 780 For example, if submitted information would result in 12 points being awarded and other conflicting 781 information would also result in 12 points being awarded, then 12 points will be awarded. 782

783 (17) The Department shall approve those qualifying projects which, when taken together, do not exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan 784 785 Compiled Laws, and which have the highest number of points when the results of subsections (2) through 786 (15) are totaled. If two or more qualifying projects are determined to have an identical number of points, 787 then the Department shall approve those qualifying projects which, when taken together, do not exceed 788 the need, as defined in Section 22225(1), in the order in which the applications were received by the 789 Department, based on the date and time stamp on the application when the application is filed. 790

## 791 Section 11. Project delivery requirements ---AND terms of approval for all applicants 792

Sec. 11. (1) An applicant shall agree that, if approved, the project-NURSING HOME/HLTCU SERVICES shall be delivered in compliance with the following terms of CON-approval:

(a1) Compliance with these standards, including the requirements of Section 10.

(b2) COMPLIANCE WITH THE FOLLOWING APPLICABLE QUALITY ASSURANCE STANDARDS:

799 800 (a) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's 801 actual Medicaid participation within the time periods specified in these standards. Compliance with 802 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's actual 803 patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable 804 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative review process. If any of the following occurs, an applicant shall be required to be in compliance with the 805 806 range in the schedule immediately below the range for which points had been awarded in Section 807 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in 808 order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between 809 810 the second 12 months of operation after project completion and the most recent 12-month period for

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811 which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement 812 to the applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs as defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security 813 814 Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's 815 patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed 816 nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days 817 reimbursed by Medicaid for the most recent year for which data are available from the Michigan 818 Department of Community Health [subsection (iii) is applicable only to Section 10(2)(a)]. In evaluating 819 subsection (ii), the Department shall rely on both the annual inflation index and the actual rate increases in 820 per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing homes/HLTCUs in the 821 HSA. 822 (cb) For projects involving the acquisition of a nursing home/HLTCU, the applicant shall agree to 823 maintain the nursing home's/HLTCU's level of Medicaid participation (patient days and new admissions) 824 for the time periods specified in these standards, within the ranges set forth in Section 10(2)(a) for which 825 the seller or other previous owner/lessee had been awarded points in a comparative review. 826 (d) Compliance with applicable operating standards. 827 (e) Compliance with the following quality assurance standards: 828 (ic) For projects involving replacement of an existing nursing home/HLTCU, the current patients of 829 the facility/beds being replaced shall be admitted to the replacement beds when the replacement beds are 830 licensed, to the extent that those patients desire to transfer to the replacement facility/beds. 831 (iid) The applicant will assure compliance with Section 20201 of the Code, being Section 333.20201 832 of the Michigan Compiled Laws. 833 834 (3) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS: 835 836 (a) THE APPLICANT, TO ASSURE APPROPRIATE UTILIZATION BY ALL SEGMENTS OF THE 837 MICHIGAN POPULATION, SHALL: 838 (i) NOT DENY SERVICES TO ANY INDIVIDUAL BASED ON ABILITY TO PAY OR SOURCE OF 839 PAYMENT. 840 (ii) MAINTAIN INFORMATION BY SOURCE OF PAYMENT TO INDICATE THE VOLUME OF 841 CARE FROM EACH PAYOR AND 842 NON-PAYOR SOURCE PROVIDED ANNUALLY. 843 (iii) PROVIDE SERVICES TO ANY INDIVIDUAL BASED ON CLINICAL INDICATIONS OF NEED 844 FOR THE SERVICES. 845 846 (4) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS: 847 848 (iiia) The applicant shall participate in a data collection network established and administered by the 849 Department or its designee. The data may include, but is not limited to, annual budget and cost 850 information; operating schedules; and demographic, diagnostic, morbidity, and mortality information, as 851 well as the volume of care provided to patients from all payor sources. The applicant shall provide the 852 required data on an individual basis for each licensed site, in a format established by the Department, and 853 in a mutually agreed upon media. The Department may elect to verify the data through on-site review of 854 appropriate records. 855 (iv) The applicant shall provide the Department with a TIMELY notice stating the date the beds are 856 placed in operation and such notice shall be submitted to the Department-OF THE PROPOSED 857 **PROJECT IMPLEMENTATION** consistent with applicable statute and promulgated rules. 858 859 (25) An applicant shall agree that, if approved, and material discrepancies are later determined 860 within the reporting of the ownership and citation history of the applicant facility and all nursing homes 861 under common ownership and control that would have resulted in a denial of the application, shall CON Review Standards for Nursing Home and HLTCU Beds CON-217

- surrender the CON. This does not preclude an applicant from reapplying with corrected information at a
  later date.
- 865 (36) The agreements and assurances required by this section shall be in the form of a certification
  866 agreed to by the applicant or its authorized agent.
  867

# 868 Section 12. Department inventory of beds

870 Sec. 12. The Department shall maintain a listing of the Department Inventory of Beds for each
871 planning area.
872

# 873 Section 13. Wayne County planning areas

- 874
  875 Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are
  876 assigned to the planning areas as follows:
- 878 Planning Area 84/Northwest Wayne
- 879880 Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville
- 881 Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland

882

877

Planning area 88	/Southwest Wayne		
Allon Dark Balla	ville, Brownstown Township, Ecor	rea Elat Rock Gibraltar (	Prosse lle Township Uur
	n Park, Melvindale, River Rouge,		
	, Trenton, Van Buren Township,		intulus, Southgate, Sum
Township, Taylo	, menton, van Buren Township,		
Dianning area 96	/Detroit		
Planning area 86	Delloit		
Dotroit Crosso I	Pointo, Crosso Dointo Township (	Crosse Bointe Forme Cro	ana Dainta Dark, Craage
	Pointe, Grosse Pointe Township, (		sse Pointe Park, Grosse
Pointe woods, F	amtramck, Harper Woods, Highla	and Park	
Section 14 He	Ith Service Areas		
<del>36611011 14. ПС</del>	inth Selvice Areas		
Sec. 14 C	ounties assigned to each of the H	SAc are as follows:	
<del>386. 14. U</del>		SAS are as tollows.	
HSA	COUNTIES		
<u>— пәл</u>	COUNTIES		
4	Livingston	Monroe	St. Clair
ł	Macomb	Oakland	Washtenaw
	Wacomb Wayne	Oakianu	VV domenaw
2	Clinton	Hillodolo	lookoon
<u>/</u>	<u>Clinton</u>	Hillsdale	Jackson
	Eaton	Ingham	Lenawee
2	Derry	Calhavia	Ct. Jacob
	Barry Berrien	Calhoun Cass	St. Joseph Van Buren
		Kalamazoo	
	Branch	<u>Naiamazoo</u>	
Λ	Allegan	Mason	Newaygo
	lonia	Mecosta	
	Kent	Montcalm	
		Muskegon	
	Lake	wuskegon	Ollawa
_	Caracas	Leneer	Shiawassee
	Genesee	Lapeer	Sniawassee
0	A	Livren	Decommon
	Arenac	Huron	
	Bay	losco	
	Clare	Isabella Miellond	
	Gladwin	Midland	<del>Tuscola</del>
	Gratiot	Ogemaw	
-	A1	Crowfeed	Missouluss
	Alcona	Crawford	<u>Missaukee</u>
	Alpena	Emmet	Montmorency
	Antrim	Gd Traverse	
	Benzie	Kalkaska	
	Charlevoix	Leelanau	Presque Isle
	Cheboygan	Manistee	Wexford
_			
8	Alger	Gogebic	
	Baraga	Houghton	<u>Marquette</u>
	Chippewa	Iron	Menominee
	Delta	Keweenaw	

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936	Dickinson	Luce	Schoolcraft
937			
938	Section 15. Effect on prior CON review standards,	comparative re	eviews
939			
940	Sec. 15. (1) These CON review standards super	sede and replac	e the CON Standards for Nursing
941	Home and Hospital Long-Term-Care Unit (HLTCU) Be	ds approved by	the CON Commission on April 30,
942	2008DECEMBER 15, 2010 and effective on June 20, 2	2008MARCH 11	<u>, 2011</u> .
943			
944	(2) Projects reviewed under these standards inv	olving a change	in bed capacity shall be subject to
945	comparative review except as follows:		
946	<ul><li>(a) replacement of an existing nursing home/HL</li></ul>	TCU being repla	aced in a rural county;
947	<ul><li>(b) replacement of an existing nursing home/HL</li></ul>	TCU in a microp	politan or metropolitan statistical
948	area county that is within two miles of the existing nurs	ing home/HLTC	U;
949	(c) relocation of existing nursing home/HLTCU	beds; or	
950	<ul><li>(d) an increase in beds pursuant to Section 6(1)</li></ul>	(d)(ii) or (iii).	
951			
952	(3) Projects reviewed under these standards that	at relate solely to	the acquisition of an existing
953	nursing home/HLTCU or the renewal of a lease shall n	ot be subject to	comparative review.
954			
955			

HSA	COUNTIES		
110/1	00011120		
1	Livingston	Monroe	St. Clair
	Macomb	Oakland	Washtenaw
	Wayne		
2	Clinton	Hillsdale	Jackson
	Eaton	Ingham	Lenawee
3	Barry	Calhoun	St. Joseph
	Berrien	Cass	Van Buren
	Branch	Kalamazoo	Van Baren
4	Allegen	Mason	Nowovao
4	<u>Allegan</u> Ionia	Mecosta	<u>Newaygo</u> Oceana
	Kent	Montcalm	Osceola
	Lake	Muskegon	Ottawa
5	Genesee	Lapeer	Shiawassee
6	Arenac	Huron	Roscommon
<b>U</b>		losco	Saginaw
	Clare	Isabella	Sanilac
	Gladwin	Midland	Tuscola
	Gratiot	Ogemaw	
7	Alcona	Crawford	Missaukee
	Alpena	Emmet	Montmorency
	Antrim	Gd Traverse	<u>Oscoda</u>
	Benzie	Kalkaska	<u>Otsego</u>
	Charlevoix	Leelanau	Presque Isle
	Cheboygan	Manistee	Wexford
8	Alger	Gogebic	Mackinac
	Baraga	Houghton	Marquette
	Chippewa	Iron	Menominee
	Delta	Keweenaw	Ontonagon
	Dickinson	Luce	Schoolcraft

1005	APPENDIX AB
1006 1007	CON REVIEW STANDARDS
1008	FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS
1009	
1010	The use rate per 1000 population for each age cohort, for purposes of these standards, effective March
1011	AUGUST 14, 20112013, and until otherwise changed by the Commission, is as follows.
1012	
1013	(i) Age 0 - 64: <del>208</del> - <u>200</u> days of care
1014	
1015	(ii) Age 65 - 74: <del>2,791 <u>2,638</u> days of care</del>
1016	
1017	(iii) Age 75 - 84: <del>10,047<u>9379</u> days of care</del>
1018	
1019	(iv) Age 85 +: <del>36,758<u>34,009</u> days of care</del>

<u>CON REVIEW STANDARDS</u> FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS				
The bed need numbers ADC ADJUST FACTOR, for purposes of these standards, effective TBDAUGUST 1, 2013, and until otherwise changed by the Commission, are as follows:				
<u>1, 2013</u> , a	nd until otherwise changed by the	e Commission, are as follow	vs:	
			ADC	
		Bed	Adjustment	
	Planning Area	Need	Factor	
	Alcona	<del>115</del>	0. <del>95</del> 90	
	Alger	<del>65</del>	0.90	
	Allegan	<del>500</del>	0.95	
	Alpena	<del>187</del>	0.95	
	Antrim	<del>168</del>	0.95	
	Arenac	<del>100</del>	0. <del>95<u>90</u></del>	
	Baraga	<del>58</del>	0.90	
	Barry	275	0.95	
	Bay	603	0.95	
	Benzie	<del>12</del> 4	0.95	
	Berrien	884	0.95	
	Branch	<del>22</del> 4	0.95	
	Calhoun	<del>675</del>	0.95	
	Cass	<del>273</del>	0.95	
	Charlevoix	<del>159</del>	0.95	
	Cheboygan	<del>188</del>	0.95	
	Chippewa	<del>202</del>	0.95	
	Clare	<del>185</del>	0.95	
	Clinton	<del>319</del>	0.95	
	Crawford	<del>95</del>	0.90	
	Delta	<del>245</del>	0.95	
	Dickinson	<del>190</del>	0.95	
	Eaton	<del>491</del>	0.95	
	Emmet	<del>201</del>	0.95	
	Genesee	<del>1,880</del>	0.95	
	Gladwin	<del>184</del>	0.95	
	Gogebic	<del>137</del>	0.95	
	Gd. Traverse	4 <del>55</del>	0.95	
	Gratiot	<del>209</del>	0.95	
	Hillsdale	<del>233</del>	0.95	
	Houghton/Keweenaw	<del>222</del>	0.95	
	Huron	<del>237</del>	0.95	

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1020

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1072			APPENDIX B-C - continued
1073			<u></u>
1074			ADC
1075		Bed	Adjustment
1076	Planning Area	Need	Factor
1077	· · · · · · · · · · · · · · · · · · ·		
1078			
1079	Ingham	<del>1,048</del>	0.95
1080	Ionia	260	0.95
1081	losco	<del>204</del>	0.95
1082	Iron	<del>120</del>	0. <u><del>95</del>90</u>
1083	Isabella	245	0.95
1084			
1085	Jackson	777	0.95
1086	Cacheon		0.00
1087	Kalamazoo	<del>1,077</del>	0.95
1088	Kalkaska	<del>95</del>	0.90
1089	Kent	<del>2,451</del>	0.95
1090	Kont	2,701	0.00
1091	Lake	<del>88</del>	0.90
1092	Lapeer	375	0.95
1093	Leelanau	<del>159</del>	0.95
1094	Lenawee	<del>524</del>	0.95
1095	Livingston	<del>710</del>	0.95
1095	Luce	36	0.90
1097	Luce	00	0.30
1097	Mackinac	78	0.90
1098	Macomb	4 <u>,255</u>	0.95
1100	Macomb	<del>169</del>	0.95
1101		338	0.95
1102	Marquette Mason	<del>186</del>	0.95
1102	Mecosta	<del>220</del>	0.95
1104	Menominee	<del>220</del> <del>167</del>	0.95
1105	Midland	411	0.95
1105	Missaukee	<del>92</del>	0.90
1107	Monroe	<del>92</del> 686	0.95
		<del>291</del>	
1108 1109	Montcalm	<del>291</del> <del>101</del>	0.95
	Montmorency	843	0. <del>95<u>90</u></del>
1110	Muskegon	043	0.95
1111 1112	Nowovac	<del>241</del>	0.95
1112	Newaygo	<del>241</del>	0.95
	Oakland	F 620	0.05
1114	Oakland	<del>5,630</del> <del>152</del>	0.95
1115	Oceana		0.95
1116	Ogemaw	<del>134</del>	0.95
1117	Ontonagon	<del>59</del>	0.90
1118	Osceola	<del>127</del> 72	0.95
1119	Oscoda	<del>72</del>	0.90
1120	Otsego	<del>132</del>	0.95
1121	Ottawa	<del>1,145</del>	0.95
1122			

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1124			APPENDIX B - continued
1125 1126			ADC
1127		Bed	Adjustment
1128	Planning Area	Need	Factor
1129			
1130			
1131	Presque Isle	<del>12</del> 4	0.95
1132			
1133	Roscommon	<del>227</del>	0.95
1134			
1135	Saginaw	<del>1,038</del>	0.95
1136	St. Clair	<del>811</del>	0.95
1137	St. Joseph	<del>290</del>	0.95
1138	Sanilac	<del>250</del>	0.95
1139	Schoolcraft	<del>61</del>	0.90
1140	Shiawassee	<del>336</del>	0.95
1141			
1142	Tuscola	<del>287</del>	0.95
1143			
1144	Van Buren	<del>365</del>	0.95
1145			
1146	Washtenaw	<del>1,268</del>	0.95
1147	Wexford	<del>170</del>	0.95
1148	NW Wayne	<del>2,305</del>	0.95
1149	SW Wayne	<del>1,542</del>	0.95
1150			
1151	Detroit	<del>4,140</del>	0.95
1152			
1153	Statewide Total	<del>46,995</del>	

1154				APPENDIX CD		
1155						
1156		<u>CON REVIEW STANDARDS</u> FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS				
1157	FOR NURSING	HOME AND HOSPITAL LOP	IG-TERM-CARE UNIT BEDS	2		
1158	5	6 H				
1159	Rural Michigan counties are as	follows:				
1160						
1161	Alcona	Hillsdale	Ogemaw			
1162	Alger	Huron	Ontonagon			
1163	Antrim	losco	Osceola			
1164	Arenac	Iron	Oscoda			
1165	Baraga	Lake	Otsego			
1166	Charlevoix	Luce	Presque Isle			
1167	Cheboygan	Mackinac	Roscommon			
1168	Clare	Manistee	Sanilac			
1169	Crawford	Mason	Schoolcraft			
1170	Emmet	Montcalm	Tuscola			
1171	Gladwin	Montmorency				
1172	Gogebic	Oceana				
1173						
1174	Micropolitan statistical area Mic	higan counties are as follows:				
1175		-				
1176	Allegan	Gratiot	Mecosta			
1177	Alpena	Houghton	Menominee			
1178	Benzie	Isabella	Midland			
1179	Branch	Kalkaska	Missaukee			
1180	Chippewa	Keweenaw	St. Joseph			
1181	Delta	Leelanau	Shiawassee			
1182	Dickinson	Lenawee	Wexford			
1183	Grand Traverse	Marquette				
1184						
1185	Metropolitan statistical area Michigan counties are as follows:					
1186	5					
1187	Barry	lonia	Newaygo			
1188	Bay	Jackson	Oakland			
1189	Berrien	Kalamazoo	Ottawa			
1190	Calhoun	Kent	Saginaw			
1191	Cass	Lapeer	St. Clair			
1192	Clinton	Livingston	Van Buren			
1193	Eaton	Macomb	Washtenaw			
1194	Genesee	Monroe	Wayne			
1195	Ingham	Muskegon				
1196	Sources					
1197	Source:					
1198		7 0000)				
1199	65 F.R., p. 82238 (December 27, 2000)					
1200	Statistical Policy Office					
1201	Office of Information and Regulatory Affairs					
1202	United States Office of Manage	ment and Budget				
1203						

1204 1205		APPENDIX DE				
1205		STANDARDS				
1200		TAL LONG-TERM CARE UNIT BEDS				
1208						
1209	Michigan nursing home planning areas with a population density of less than 28 individuals per square					
1210	mile based on 2000-2010 U.S. Census figures.					
1211						
1212		Population Density				
1213	Planning Area	Per Square Mile				
1214		0.05.11				
1215	Ontonagon	<del>6.0<u>5.11</u></del>				
1216 1217	Schoolcraft	<del>7.6</del> 6.95				
1217	Luce Baraga	<del>7.8<u>7.16</u> 9.7</del> 9.67				
1210	Alger <u>IRON</u>	<del>3.7</del> <u>3.07</u> <del>10.7</del> 9.76				
1213	HonALGER	<del>11.3</del> 10.25				
1221	Mackinac	<del>11.7</del> 10.45				
1222	OscodaGOGEBIC	<del>16.7</del> 14.35				
1223	AlconaOSCODA	<del>17.4</del> 15.12				
1224	GogebicALCONA	<del>15.8</del> 15.76				
1225	Montmorency	<del>18.8</del> <u>17.36</u>				
1226	LakePRESQUE ISLE	<del>20.0</del> 19.53				
1227	Presque isle <u>LAKE</u>	<del>21.8</del> 20.11				
1228	Menominee <u>CHIPPEWA</u>	<del>24.3</del> 21.29				
1229	ChippewaMENOMINEE	<del>24.7<u>22.86</u></del>				
1230	Houghton/Keweenaw	<del>24.7<u>24.17</u> 25.525.00</del>				
1231 1232	MissaukeeCRAWFORD CrawfordMISSAUKEE	<del>25.5</del> <u>25.00</u> <del>25.6</del> 25.90				
1232	GIAWIOIQINIISSAOREE	<del>20.0</del> <u>20.90</u>				
1233						
1234	Source: Michigan Department of Mana	gement and Budget and				
1236	the U.S. Bureau of the Census	•				
1237						
1231						

1238	MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
1239	
1240	CON REVIEW STANDARDS
1241	FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS
1242	ADDENDUM FOR SPECIAL POPULATION GROUPS
1243	
1244	(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
1245	1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
1245	sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)
	sections 555.22215, 24.207 and 24.208 of the Michigan Complied Laws.
1247	
1248	Section 1. Applicability; definitions
1249	
1250	Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and
1251	Hospital Long-term Care Unit Beds and shall be used for determining the need for projects established to
1252	better meet the needs of special population groups within the long-term care and nursing home
1253	populations.
1254	
1255	(2) Except as provided in sections 2, 3, 4, 5, 6, 7, and 8 of this addendum, these standards
1256	supplement, and do not supersede, the requirements and terms of approval required by the CON Review
1257	Standards for Nursing Home and Hospital Long-term Care Unit Beds.
1258	
1259	(3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital Long-
1260	term Care Unit Beds shall apply to these standards.
1261	
1262	(4) For purposes of this addendum, the following terms are defined:
1263	(a) "Behavioral patient" means an individual that exhibits a history of chronic behavior management
1264	problems such as aggressive behavior that puts self or others at risk for harm, or an altered state of
1265	consciousness, including paranoia, delusions, and acute confusion.
1266	(b) "Hospice" means a health care program licensed under Part 214 of the Code, being Section
1267	333.21401 et seq.
1268	(c) "Infection control program," means a program that will reduce the risk of the introduction of
1269	communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance
1270	program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to
1271	the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread of
1272	a communicable disease.
1273	<ul><li>(d) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or</li></ul>
1274	a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being
1275	sections 330.1001 to 330.2106 of the Michigan Compiled Laws.
1276	(e) "Private residence", means a setting other than a licensed hospital; or a nursing home including
1277	a nursing home or part of a nursing home approved pursuant to Section 6.
1278	(f) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or
1279	SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a
1279	degenerative or congenital nature. These impairments may be either temporary or permanent and cause
1281	partial or total functional disability or psychosocial adjustment.
1282	(g) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory
1283	assistance.
1284	
1285	Section 2. Requirements for approval applicants proposing to increase nursing home beds
1286	special use exceptions
1287	•
1288	Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would
1289	otherwise cause the total number of nursing home beds in that planning area to exceed the needed
1209	nursing home bed supply or cause an increase in an existing excess as determined under the applicable
1230	nations notice bed supply of eadse an increase in an existing excess as determined under the applicable
	CON Deview Standards for Nursing Llama and LI TOL Dada

1291 CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be 1292 approved pursuant to this addendum.

## 1293 Section 3. Statewide pool for the needs of special population groups within the long-term care 1294 and nursing home populations 1295

1296 Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is 1297 established to better meet the needs of special population groups within the long-term care and nursing 1298 home populations. Beds in the pool shall be allocated as follows:

1299 (a) These categories shall be allocated 1,109 beds and distributed as follows and shall be 1300 reduced/redistributed in accordance with subsection (c): 1301

- (i) TBI/SCI beds will be allocated 400 beds.
  - (ii) Behavioral beds will be allocated 400 beds.
  - (iii) Hospice beds will be allocated 130 beds.
  - (iv) Ventilator-dependent beds will be allocated 179 beds.

1305 (b) The following historical categories have been allocated 849 beds. Additional beds shall not be 1306 allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be eliminated and not be returned to the statewide pool for special population groups. 1307 1308

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

1302

1303 1304

1309

1310 1311

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- (c) The number of beds set aside from the total statewide pool established for categories in
- 1312 subsection (1)(a) for a special population group shall be reduced if there has been no CON activity for that 1313 special population group during at least 6 consecutive application periods.
- 1314 (i) The number of beds in a special population group shall be reduced to the total number of beds 1315 for which a valid CON has been issued for that special population group.
- 1316 (ii) The number of beds reduced from a special population group pursuant to this subsection shall 1317 revert to the total statewide pool established for categories in subsection (1)(a).
- 1318 (iii) The Department shall notify the Commission of the date when action to reduce the number of beds set aside for a special population group has become effective and shall identify the number of beds 1319 1320 that reverted to the total statewide pool established for categories in subsection (1)(a).
- 1321 (iv) For purposes of this subsection, "application period" means the period of time from one 1322 designated application date to the next subsequent designated application date. 1323
  - (v) For purposes of this subsection, "CON activity" means one or more of the following:
  - (A) CON applications for beds for a special population group have been submitted to the
- 1325 Department for which either a proposed or final decision has not yet been issued by the Department. 1326 (B) Administrative hearings or appeals to court of decisions issued on CON applications for beds for 1327 a special population group are pending resolution.

(C) An approved CON for beds for each special population group has expired for lack of appropriate 1328 action by an applicant to implement an approved CON. 1329

1330 (d) By setting aside these beds from the total statewide pool, the Commission's action applies only to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not 1331 preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or 1332 1333 other health care settings in compliance with applicable statutory or certification requirements. 1334

1335 (2) Increases in nursing home beds approved under this addendum for special population groups 1336 shall not cause planning areas currently showing an unmet bed need to have that need reduced or 1337 planning areas showing a current surplus of beds to have that surplus increased. 1338

### 1339 Section 4. Requirements for approval for beds from the statewide pool for special population groups allocated to TBI/SCI patients 1340 1341

1342 Sec. 4. The CON Commission determines there is a need for beds for applications designed to 1343 determine the efficiency and effectiveness of specialized programs for the care and treatment of TBI/SCI 1344 patients as compared to serving these needs in general nursing home unit(s).

1345 1346 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an 1347 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the 1348 satisfaction of the Department each of the following: 1349 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At 1350 the time an application is submitted, the applicant shall demonstrate that it operates: 1351 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI 1352 patients: and 1353 (ii) A transitional living program or contracts with an organization that operates a transitional living 1354 program and rehabilitative care for TBI/SCI patients. (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential 1355 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-1356 recognized accreditation organization for rehabilitative care and services. 1357 1358 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another nationally-recognized accreditation organization for the nursing home beds proposed under this 1359 1360 subsection. 1361 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated 1362 under this subsection that provides for: 1363 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility. 1364 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of 1365 TBI/SCI patients. (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised 1366 1367 activity. 1368 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for 1369 TBI/SCI patients of various ages. 1370 1371 (2) Beds approved under this subsection shall not be converted to general nursing home use 1372 without a CON for nursing home and hospital long-term care unit beds under the CON review standards 1373 for nursing home and hospital long-term care unit beds and shall not be offered to individuals other than 1374 TBI/SCI patients. 1375 1376 Section 5. Requirements for approval for beds from the statewide pool for special population groups allocated to behavioral patients 1377 1378 1379 Sec. 5. The CON Commission determines there is a need for beds for applications designed to 1380 determine the efficiency and effectiveness of specialized programs for the care and treatment of behavioral patients as compared to serving these needs in general nursing home unit(s). 1381 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an 1382 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the 1383 satisfaction of the Department each of the following: 1384 1385 (a) Individual units shall consist of 20 beds or less per unit. (b) The facility shall not be awarded more than 40 beds. 1386 1387 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised 1388 activity. 1389 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely 1390 for the use of the behavioral patients. 1391 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to 1392 promote visual and spatial orientation. 1393 (f) Staff will be specially trained in treatment of behavioral patients. 1394 1395 (2) Beds approved under this subsection shall not be converted to general nursing home use 1396 without a CON for nursing home and hospital long-term care unit beds under the CON Review Standards 1397 for Nursing Home and Hospital Long-term Care Unit Beds. 1398

1399 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and 1400 Medicaid.

#### 1401 Section 6. Requirements for approval for beds from the statewide pool for special population 1402 groups allocated to hospice patients

1403 1404 Sec. 6. The CON Commission determines there is a need for beds for patients requiring both 1405 hospice and long-term nursing care services within the long-term care and nursing home populations. 1406

1407 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an 1408 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the 1409 satisfaction of the Department, each of the following:

(a) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal 1410 1411 Regulations, Title 42, Chapter IV, Subpart B (Medicare programs), Part 418 and shall have been a Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted 1412 1413 to the Department.

1414 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an application is submitted to the Department for which verifiable data are available to the Department, at 1415 1416 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice were provided in a private residence. 1417

(c) An application shall propose 30 beds or less.

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1418 1419 (d) An applicant for beds from the special statewide pool of beds shall not be approved if any 1420 application for beds in that same planning area has been approved from the special statewide pool of 1421 beds allocated for hospice. 1422

1423 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and 1424 Medicaid. 1425

## 1426 Section 7. Requirements for approval for beds from the statewide pool for special population 1427 groups allocated to ventilator-dependent patients 1428

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

1432 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an 1433 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the 1434 satisfaction of the Department, each of the following:

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

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

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

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

## 1443 Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum 1444

1445 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool 1446 for special population groups allocated to religious shall meet the following:

1447 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a recognized religious organization, denomination or federation as evidenced by documentation of its 1448 1449 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the 1450 United States Internal Revenue Code.

(b) The applicant's patient population includes a majority of members of the religious organization 1451 or denomination represented by the sponsoring organization. 1452

1453 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of 1454 a specific religion, denomination or order, including unique dietary requirements, or other unique religious 1455 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting. 1456 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and 1457 Medicaid. 1458 1459 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for 1460 special population groups allocated to TBI/SCI shall meet the following: 1461 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At the time an application is submitted, the applicant shall demonstrate that it operates: 1462 1463 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI 1464 patients; and 1465 (ii) a transitional living program or contracts with an organization that operates a transitional living program and rehabilitative care for TBI/SCI patients. 1466 1467 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential 1468 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-1469 recognized accreditation organization for rehabilitative care and services. 1470 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another nationally-recognized accreditation organization for the nursing home beds proposed under this 1471 1472 subsection. 1473 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated 1474 under this subsection that provides for: 1475 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility. (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of 1476 1477 TBI/SCI patients. 1478 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised 1479 activity. 1480 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for 1481 TBI/SCI patients of various ages. 1482 1483 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for 1484 special population groups allocated to Alzheimer's disease shall meet the following: 1485 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat 1486 only patients which require long-term nursing care and have been appropriately classified as a patient on 1487 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a 1488 level 4 (when accompanied by continuous nursing needs), 5, or 6. 1489 (b) The specialized program will participate in the state registry for Alzheimer's disease. 1490 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing 1491 home and be no larger than 20 beds in size. 1492 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at 1493 the health facility, appropriate for unsupervised activity. 1494 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area 1495 which is solely for the use of the Alzheimer's unit patients. 1496 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light 1497 reflections to promote visual and spatial orientation. (g) Staff will be specially trained in Alzheimer's disease treatment. 1498 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and 1499 Medicaid. 1500 1501 1502 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for 1503 special population groups allocated to behavioral patients shall meet the following: 1504 (a) Individual units shall consist of 20 beds or less per unit. 1505 (b) The facility shall not be awarded more than 40 beds.

1506 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised 1507 activity. 1508 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely 1509 for the use of the behavioral patients. 1510 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to 1511 promote visual and spatial orientation. 1512 (f) Staff will be specially trained in treatment of behavioral patients. 1513 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and 1514 Medicaid. 1515 1516 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for special population groups allocated to hospice shall meet the following: 1517 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal 1518 1519 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a 1520 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted 1521 to the Department. 1522 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an 1523 application is submitted to the Department for which verifiable data are available to the Department, at 1524 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice 1525 were provided in a private residence. 1526 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and 1527 Medicaid. 1528 1529 (6) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for 1530 special population groups allocated to ventilator-dependent patients shall meet the following: 1531 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed nursing 1532 home beds. 1533 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds. 1534 (c) The proposed unit will serve only ventilator-dependent patients. 1535 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and 1536 Medicaid. 1537 1538 Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval under Section 3(1) of this addendum 1539 1540 1541 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-1542 1543 term Care Unit Beds. 1544 1545 (2) An applicant for beds from the statewide pool for special population groups allocated to religious shall agree that, if approved, the services provided by the specialized long-term care beds shall be 1546 1547 delivered in compliance with the following term of CON approval: 1548 (a) The applicant shall document, at the end of the third year following initiation of beds approved 1549 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the 1550 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its 1551 average daily census for the third full year of operation. 1552 1553 (3) An applicant for beds from the statewide pool for special population groups allocated to 1554 Alzheimer's disease shall agree that if approved: 1555 1556 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat 1557 only patients which require long-term nursing care and have been appropriately classified as a patient on 1558 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a 1559 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1560 (b) The specialized program will participate in the state registry for Alzheimer's disease. (c) The specialized program shall be attached or geographically adjacent to a licensed nursing 1561 1562 home and be no larger than 20 beds in size. 1563 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at 1564 the health facility, appropriate for unsupervised activity. 1565 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area 1566 which is solely for the use of the Alzheimer's unit patients. 1567 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light 1568 reflections to promote visual and spatial orientation. 1569 (g) Staff will be specially trained in Alzheimer's disease treatment. 1570 1571 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in 1572 accordance with the following CON terms of approval. 1573 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish 1574 1575 and maintain the ability to provide, either directly or through contractual arrangements, hospice services 1576 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care. (b) The proposed project shall be designed to promote a home-like atmosphere that includes 1577 1578 accommodations for family members to have overnight stays and participate in family meals at the 1579 applicant facility. 1580 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive. 1581 has AIDS or has AIDS related complex. 1582 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or 1583 have AIDS related complex in nursing home beds. 1584 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in 1585 nursing home beds. (f) Nursing home beds shall only be used to provide services to individuals suffering from a 1586 1587 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being 1588 Section 333.21417 of the Michigan Compiled Laws. 1589 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not 1590 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled 1591 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards. 1592 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section 333.21401 et seg, of the Michigan Compiled Laws. 1593 1594 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided by the applicant hospice to all of its clients will be provided in a private residence. 1595 1596 1597 (5) An applicant for beds from the statewide pool for special population groups allocated to 1598 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in accordance with the following CON terms of approval. 1599 1600 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been 1601 trained in the care and treatment of ventilator-dependent patients and includes at least the following: 1602 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-1603 dependent patients. 1604 (ii) A program director that is a registered nurse. (b) An applicant shall make provisions, either directly or through contractual arrangements, for at 1605 1606 least the following services: 1607 (i) respiratory therapy. (ii) occupational and physical therapy. 1608 1609 (iii) psychological services. 1610 (iv) family and patient teaching activities. (c) An applicant shall establish and maintain written policies and procedures for each of the 1611 1612 following: 1613 Patient admission criteria that describe minimum and maximum characteristics for patients (i) 1614 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the CON Review Standards for Nursing Home and HLTCU Beds CON-217 Draft for Workgroup Meeting on 3/27/14

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1615	amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary
1616	services.
1617	(ii) The transfer of patients requiring care at other health care facilities.
1618	(iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1619	plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.
1620	(iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,
1621	being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.
1622	(v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.
1623	(d) An applicant shall establish and maintain an organized infection control program that has written
1624	policies for each of the following:
1625	(i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and
1626	frequency of tube changes.
1627	(ii) placement and care of urinary catheters.
1628	(iii) care and use of thermometers.
1629	(iv) care and use of tracheostomy devices.
1630	(v) employee personal hygiene.
1631	(vi) aseptic technique.
1632	(vii) care and use of respiratory therapy and related equipment.
1633	(viii) isolation techniques and procedures.
1634	(e) An applicant shall establish a multi-disciplinary infection control committee that meets on at
1635	least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,
1636	and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.
1637	This subsection does not require a separate committee, if an applicant organization has a standing
1638	infection control committee and that committee's charge is amended to include a specific focus on the
1639	ventilator-dependent unit.
1640	(f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the
1641	immediate vicinity of the unit.
1642	(g) An applicant shall agree that the beds will not be used to service individuals that are not
1643	ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to
1644	applicable CON review standards.
1645	(h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result
1646	from providing services to ventilator-dependent patients in a hospital.
1647	
1648	(6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI
1649	patients shall agree that if approved:
1650	(a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been
1651	trained in the care and treatment of such individuals and includes at least the following:
1652	(i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI
1653	patients.
1654	(ii) A program director that is a registered nurse.
1655	(iii) Other professional disciplines required for a multi-disciplinary team approach to care.
1656	(b) An applicant shall establish and maintain written policies and procedures for each of the
1657	following:
1658	(i) Patient admission criteria that describe minimum and maximum characteristics for patients
1659	appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the
1660	required medical stability and the need for ancillary services, including dialysis services.
1661	(ii) The transfer of patients requiring care at other health care facilities, including a transfer
1662	agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1663	any patient who requires such care.
1664	(iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1665	plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,
1666	including support services to be provided by transitional living programs or other outpatient programs or
1667	services offered as part of a continuum of care to TBI patients by the applicant.
1668	(iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1669	patient care, rates of utilization and other considerations generally accepted as appropriate for review.
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1670 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI 1671 patients meet professional recognized standards of health care for providers of such services and that such services were reasonable and medically appropriate to the clinical condition of the TBI patient 1672 1673 receiving such services. 1674 1675 (7) An applicant for beds from the statewide pool for special population groups allocated to 1676 behavioral patients shall agree that if approved: (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been 1677 trained in the care and treatment of such individuals and includes at least the following: 1678 1679 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral 1680 patients. 1681 (ii) A program director that is a registered nurse. 1682 (iii) Other professional disciplines required for a multi-disciplinary team approach to care. (b) An applicant shall establish and maintain written policies and procedures for each of the 1683 following: 1684 1685 (i) Patient admission criteria that describe minimum and maximum characteristics for patients 1686 appropriate for admission to the unit for behavioral patients. 1687 (ii) The transfer of patients requiring care at other health care facilities, including a transfer 1688 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to 1689 any patient who requires such care. 1690 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of 1691 patient care, rates of utilization and other considerations generally accepted as appropriate for review. 1692 (iv) quality assurance and assessment program to assure that services furnished to behavioral 1693 patients meet professional recognized standards of health care for providers of such services and that 1694 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient 1695 receiving such services. 1696 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines, 1697 specialized communication, and patient safety. 1698 1699 Section 10. Comparative reviews, effect on prior CON review standards 1700 1701 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be 1702 subject to comparative review on a statewide basis. 1703 1704 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject 1705 to comparative review on a statewide basis. 1706 1707 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject 1708 to comparative review on a statewide basis. 1709 1710 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject 1711 to comparative review on a statewide basis. 1712 1713 (5) These CON review standards supercede and replace the CON Review Standards for Nursing 1714 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the Commission on April 30, 2008 and effective on June 20, 2008. 1715 1716