MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

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

Section 1. Applicability

Sec. 1. (1) These standards are requirements for approval ~~and delivery of nursing homes and 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 RELOCATING NURSING HOME/HLTCU BEDS FROM ONE LICENSED SITE TO ANOTHER GEOGRAPHIC LOCATION, (C) INCREASING LICENSED BEDS IN A NURSING HOME/HLTCU ~~. A nursing home~~ licensed under Part 217 and a HLTCU defined in Section 20106(6), OR (D) ACQUIRING A NURSING HOME/HLTCU. PURSUANT TO THE CODE, A NURSING HOME/HLTCU ~~are~~ IS A covered 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 Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

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

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

Section 2. Definitions

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

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

(b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is divided. 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. IF THE PROJECT INCLUDES SPACE LEASE COSTS, THE APPLICANT'S CASH INCLUDES THE CONTRIBUTION DESIGNATED FOR THE PROJECT FROM THE LANDLORD.

(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 et seq. of the Michigan Compiled Laws.

(g) "Common ownership or control" means a nursing home, regardless of the state in which it is located, that is owned by, is under common control of, or has a common parent as the applicant nursing home pursuant to the definition of common ownership or control utilized by the Department~~'s~~ OF LICENSING AND REGULATORY AFFAIRS~~'s~~(LARA), Bureau of Health ~~Systems~~CARE SERVICES.

(h) "Comparative group" means the applications which have been grouped for the same type of project in the same planning area or statewide special pool group and which are being reviewed 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.

(j) "Department" means the Michigan 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.

(l) "Existing nursing home beds" means, for a specific planning area, the total of all nursing home beds located within the planning area including: (i) licensed nursing home beds, (ii) nursing home beds approved by a valid CON issued under Part 222 of the Code which are not yet licensed, (iii) proposed nursing home beds under appeal from a final Department decision made under Part 222 or pending a hearing from a proposed decision issued under Part 222 of the Code, and (iv) proposed nursing home beds that are part of a completed application under Part 222 of the Code which is pending final Department decision. (a) Nursing home beds approved from the statewide pool are excluded; 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, 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.

(o) "Licensed only facility" means a licensed nursing home that is not certified for Medicare or 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, 1396~~r-6~~ TO 1396G and1396~~r-8~~l to ~~1396v~~1396U.

~~(r) "Metropolitan statistical area county" means a county located in a metropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information and 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.~~

~~(s) "Micropolitan statistical area county" means a county located in a micropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information and 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.~~

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

(~~u~~s) "Nursing home" means a nursing care facility, including a county medical care facility, but excluding a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being sections 36.1 to 36.12 of the Michigan Compiled Laws, that provides organized nursing care and medical

treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or infirmity. This term applies to the licensee only and not the real property owner if different than the licensee.

(~~v~~t) "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 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.

(~~w~~u) "Occupancy rate" means the percentage which expresses the ratio of the actual number of patient days of care provided divided by the total number of patient days. Total patient days is calculated 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 yet licensed. This shall include nursing home beds approved from the statewide pool. Occupancy rates shall be calculated using verifiable data from ~~either (i)~~ the actual number of patient days of care for 12 continuous months of data from the ~~MDCH~~ CON Annual Survey ~~of Long-Term-Care Facilities~~ or other comparable MDCH survey instrument ~~or (ii) the actual number of patient days of care for 4 continuous quarters of data as reported to the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the most recent available data~~.

(~~x~~v) "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~~w) "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~~x~~) "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~~x) "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 EXISTING licensed site within the planning area.

(~~bb~~y) "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~~z) "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~~aa) "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,

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

(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 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.~~

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

(~~gg~~bb) "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.

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

Section 3. Determination of needed nursing home bed supply

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

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

(c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5, the use rates for the base year for each corresponding age cohort, established in accord with subsection (1)(b), are set forth in Appendix ~~A~~B.

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

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

(b) Multiply each population age cohort by the corresponding use rate established in Appendix ~~A~~B.

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

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

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

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

Section 4. Bed need

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 specific CON standard states otherwise.

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

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

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

(5) New bed need numbers established by subsections (2) and (3) shall supersede ~~the~~ PREVIOUS bed need numbers ~~shown in Appendix B~~ and shall be ~~included as an amended appendix to these standards~~POSTED ON THE STATE OF MICHIGAN CON WEB SITE AS PART OF THE NURSING HOME/HLTCU BED INVENTORY.

(6) Modifications made by the Commission pursuant to this section 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.

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

Sec. 5. (1) The base year shall be modified based on data obtained from the Department and 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 to subsection (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.

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

Sec. 6. An applicant proposing to increase the number of nursing home beds in a planning area 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 homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

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

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

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

(iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated

from the quarter in which the standard survey was completed, in the state in which the nursing home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all licensed only facilities on the last two licensing surveys. However, if the facility has come under common ownership or control within 24 months of the date of the application, the first two licensing surveys as of the change of ownership date, shall be excluded.

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

(vi) ~~Outstanding~~ DELINQUENT debt obligation to the State of Michigan ~~for~~ INCLUDING, BUT NOT LIMITED TO, Quality Assurance Assessment Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil Monetary Penalties (CMP).

(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~~ CARE SERVICES within LARA.~~the Department~~. Code deficiencies include any unresolved deficiencies still outstanding with ~~the Department~~LARA.

(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~~THREE YEARS based on the ~~Department's "Staffing/Bed Utilization Ratios Report."~~CON ANNUAL SURVEY. 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).

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

(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~~ 2010 U.S. Census figures as set forth in Appendix ~~D~~E.

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

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

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

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

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

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

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

(vi) ~~Outstanding~~ DELINQUENT debt obligation to the State of Michigan INCLUDING, BUT NOT LIMITED TO, ~~for~~ Quality Assurance Assessment Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil Monetary Penalties (CMP).

(b) The proposed project results in no more than 100 beds per new design model and meets the 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.

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

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

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

(c) The proposed project shall include at least 80% single occupancy resident rooms with an adjoining ~~bathroom~~TOILET ROOM CONTAINING A SINK, WATER CLOSET, AND BATHING FACILITY AND serving no more than two residents in both the central support inpatient facility and any supported small resident housing units.

(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 the following is met:

(i) An approved project involves 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~~ CARE SERVICES within ~~the Department~~LARA. Code deficiencies include any unresolved deficiencies still outstanding with ~~the Department~~LARA.

~~**Section 7. Requirements for approval to relocate existing nursing home/HLTCU beds**~~

~~Sec. 7. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be required to be in compliance with the needed nursing home bed supply set forth in Appendix B, if the applicant demonstrates all of the following:~~

~~(a) An existing nursing home may relocate no more than 50% of its beds to another existing nursing home, and an existing HLTCU may relocate all or a portion of its beds to another existing nursing home/HLTCU.~~

~~(b) The nursing home/HLTCU from which the beds are being relocated and the nursing home/HLTCU receiving the beds shall not require any ownership relationship.~~

~~(c) The nursing home/HLTCU from which the beds are being relocated and the nursing home/HLTCU receiving the beds must be located in the same planning area.~~

~~(d) The nursing home/HLTCU from which the beds are being relocated has not relocated any beds within the last seven (7) years.~~

~~(e) The relocated beds shall be licensed to the receiving nursing home/HLTCU and will be counted 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.~~

~~(2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing nursing home/HLTCU under subsection (1), shall not be required to be in compliance with the needed nursing home bed supply set forth in Appendix B, if the applicant 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 nursing homes/HLTCUs:~~

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

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

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

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

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

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

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

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

~~(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.~~

Section ~~8~~7. Requirements for approval to replace beds

Sec. ~~8~~7. An applicant proposing to replace beds must meet the following as applicable.

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

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

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

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

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

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

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

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

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

(vi) ~~Outstanding~~ DELINQUENT debt obligation to the State of Michigan INCLUDING, BUT NOT LIMITED TO, ~~for~~ Quality Assurance Assessment Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil Monetary Penalties (CMP).

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

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

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

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

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

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

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

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

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

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

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

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

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

(vi) ~~Outstanding~~ DELINQUENT debt obligation to the State of Michigan INCLUDING, BUT NOT LIMITED TO, ~~for~~ Quality Assurance Assessment Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) 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.

(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~~ CARE SERVICES within ~~the Department~~LARA. Code deficiencies include any unresolved deficiencies still outstanding with ~~the Department~~LARA.

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

(a) The proposed project results in no more than 100 beds per new design model and meets the 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.

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

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

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

(b) The proposed project shall include at least 80% single occupancy resident rooms with an adjoining ~~bathroom~~TOILET ROOM CONTAINING A SINK, WATER CLOSET, AND BATHING FACILITY AND 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.

(c) The proposed project shall be within the replacement zone unless the applicant demonstrates 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~~,

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

(ii~~i~~) The current patients of the facility/beds being replaced shall be admitted to the replacement beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the 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~~ CARE SERVICES within ~~the Department~~LARA. Code deficiencies include any unresolved deficiencies still outstanding with ~~the Department~~LARA.

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

Sec. 8. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be required to be in compliance with the needed nursing home bed supply ~~if~~AND ~~the applicant demonstrates~~ all of the following REQUIREMENTS ARE MET:

~~(a) An existing nursing home may relocate no more than 50% of its beds to another existing nursing home, and an existing HLTCU may relocate all or a portion of its beds to another existing nursing home/HLTCU.~~

(~~b~~a) THERE SHALL NOT BE ANY OWNERSHIP RELATIONSHIP REQUIREMENTS BETWEEN ~~T~~the nursing home/HLTCU from which the beds are being relocated and the nursing home/HLTCU receiving the beds ~~shall not require any ownership relationship~~.

(~~c~~b) THE RELOCATED BEDS SHALL BE PLACED~~The nursing home/HLTCU from which the beds are being relocated and the nursing home/HLTCU receiving the beds must be located~~ in the same planning area.

~~(d) The nursing home/HLTCU from which the beds are being relocated has not relocated any beds within the last seven (7) years.~~

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

(~~f~~d) 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.

(e) RELOCATION OF BEDS SHALL NOT INCREASE THE ROOMS WITH THREE (3) OR MORE BED WARDS IN THE RECEIVING FACILITY.

(2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing nursing home/HLTCU under subsection (1), shall not be required to be in compliance with the needed nursing home bed supply~~,~~ ~~if~~AND ~~the applicant demonstrates~~ all of the following REQUIREMENTS ARE MET:

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

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

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

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

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

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

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

(vi) ~~Outstanding~~DELINQUENT debt obligation to the State of Michigan INCLUDING, BUT NOT LIMITED TO, ~~for~~ Quality Assurance Assessment Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil Monetary Penalties (CMP).

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

(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~~CARE SERVICES within ~~the~~

~~Department~~LARA. Code deficiencies include any unresolved deficiencies still outstanding with ~~the~~ ~~Department~~LARA.

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

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

(1) An applicant proposing to acquire an existing nursing home/HLTCU shall not be required to be in compliance with the needed nursing home bed supply ~~set forth in Appendix B~~ for the planning area in which the nursing home or HLTCU is located ~~if~~ AND ~~the applicant demonstrates~~ all of the following REQUIREMENTS ARE MET:

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

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

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

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

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

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

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

(vi) ~~Outstanding~~ DELINQUENT debt obligation to the state of Michigan INCLUDING, BUT NOT LIMITED TO, ~~for~~ quality assurance assessment program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) OR civil monetary penalties (CMP).

(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.

(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~~ CARE SERVICES within ~~the Department~~LARA. Code deficiencies include any unresolved deficiencies still outstanding with the Department, and

(f) 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~~CARE SERVICES WITHIN LARA, and shall post the annual report in the facility if the facility being acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).

(2) An applicant proposing to acquire an existing nursing home/HLTCU approved 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 homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

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

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

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

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

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

(vi) ~~Outstanding~~ DELINQUENT debt obligation to the State of Michigan INCLUDING, BUT NOT LIMITED TO, ~~for~~ Quality Assurance Assessment Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil Monetary Penalties (CMP).

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

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

of Health ~~Systems~~OF HEALTH CARE SERVICES WITHIN LARA, and shall post the annual report in the facility if the facility being acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).

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

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

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

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

(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~~ CARE SERVICES within ~~the Department~~LARA. Code deficiencies include any unresolved deficiencies still outstanding with ~~the Department~~LARA.

Section 10. Review standards for comparative review

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

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

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

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

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

Percentage of Medicaid Patient Days (calculated using total patient days for all existing and proposed beds at the facility)	Points Awarded	
	~~Current~~ EXISTING	Proposed
~~20~~ 50 – ~~59~~69%	~~6~~4	3
~~60~~ 70 – 100%	~~10~~8	~~5~~7

(b) A qualifying project will be awarded 10 points ~~as follows:~~

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

~~(ii) For a new nursing home/HLTCU, seven (7) points if 100%, four (4) points if 75%, and two (2) points if 50% of the proposed beds will be Medicaid certified by the second 12 months of operation following project completion~~IF ALL BEDS IN THE PROPOSED PROJECT WILL BE DUALLY CERTIFIED FOR BOTH MEDICARE AND MEDICAID SERVICES BY THE SECOND 12 MONTHS OF OPERATION.

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

Participation Level	Points Awarded
Medicare certification of at least one (1) bed but less than 100%	1
Medicare certification of 100% of all existing and proposed beds	3

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

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

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

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

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

(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 DELINQUENT debt obligation to the state of Michigan INCLUDING, BUT NOT LIMITED TO, for quality assurance assessment program (QAAP), civil monetary penalties (CMP), Medicaid level of care determination (LOCD), or preadmission screening and annual resident review (PASARR).

(54) A qualifying project will be awarded 10 THREE (3) 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 (5) points will be awarded if the culture change model, either currently used or proposed, is a model approved by the Department.

(65) 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:

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

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

(8) A qualifying project will be awarded five FOUR (54) points if the ENTIRE existing or AND proposed nursing home/HLTCU is fully equipped with air conditioning AS DEFINED IN THE 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~~. FULLY EQUIPPED WITH AIR CONDITIONING MEANS MEETING THE DESIGN TEMPERATURES IN TABLE 6B OF THE MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES IN MICHIGAN AND CAPABLE OF MAINTAINING A TEMPERATURE OF 71 – 81 DEGREES FOR THE RESIDENT UNIT CORRIDORS.

(~~9~~7) A qualifying project will be awarded SIX (6) OR FOUR (4) points based on ~~the proposed project as follows~~ONLY ONE OF THE FOLLOWING:

(a) SIX (6) POINTS IF THE PROPOSED PROJECT HAS 100% ~~private~~ rooms with DEDICATED TOILET ROOM CONTAINING A sink, WATER CLOSET, and ~~shower~~ BATHING FACILITY OR

(b) FOUR (4) POINTS IF THE PROPOSED PROJECT HAS 80% private rooms with dedicated TOILET ROOM CONTAINING A SINK, WATER CLOSET and ~~shower~~BATHING FACILITY.

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

(~~10~~8) A qualifying project will be awarded 10 points if it results in a nursing home/HLTCU with 150 or fewer beds IN TOTAL.

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

(~~12~~9) A qualifying project will be awarded five (5) points if the proposed beds will be housed in new construction.

(~~13~~10) A qualifying project will be awarded 10 points if the ENTIRE existing ~~AND PROPOSED~~ nursing home/HLTCU AND ITS PROPOSED PROJECT ~~eliminates all of its 3- and 4-bed wards~~WILL HAVE NO MORE THAN DOUBLE OCCUPANCY ROOMS AT COMPLETION OF THE PROJECT.

(~~14~~11) A qualifying project will be awarded ~~5~~ TWO (2) points if the existing or proposed nursing home/HLTCU is on or readily accessible to an existing or proposed public transportation route.

(~~15~~12) A qualifying project will be awarded ~~no more than four (4)~~ points for technological innovation as follows:

~~Technology Feature~~INNOVATIONS	Points Awarded
THE PROPOSED PROJECT WILL HAVE wireless nurse call/paging system including wireless devices carried by direct care staff~~Electronic health record and computer point-of-service entry capability (including wireless tablets)~~	1
WIRELESS INTERNET WITH RESIDENT ACCESS TO RELATED EQUIPMENT/DEVICE IN ENTIRE FACILITY~~Wireless nurse call/paging system including~~	1

wireless devices carried by direct care staff	
AN INTEGRATED ELECTRONIC MEDICAL RECORDS SYSTEM WITH POINT-OF-SERVICE ACCESS CAPABILITY (INCLUDING WIRELESS DEVICES) FOR ALL DISCIPLINES INCLUDING PHARMACY, PHYSICIAN, NURSING, AND THERAPY SERVICES AT THE ENTIRE EXISTING AND PROPOSED NURSING HOME/HLTCUWireless internet in total existing and proposed facility	14
Computer stations or internet cafes for resident use	1
THE PROPOSED PROJECT WILL HAVE A BACKUP GENERATOR SUPPORTING ALL FUNCTIONS WITH AN ON-SITE OR PIPED-IN FUEL SUPPLY AND BE CAPABLE OF PROVIDING AT LEAST 48 HOURS OF SERVICE AT FULL LOAD	4

(1613) A QUALIFYING PROJECT WILL BE AWARDED THREE (3) POINTS IF THE PROPOSED PROJECT INCLUDES BARIATRIC ROOMS AS FOLLOWS: PROJECT USING 0 – 49 BEDS WILL RESULT IN AT LEAST ONE (1) BARIATRIC ROOM OR PROJECT USING 50 OR MORE BEDS WILL RESULT IN AT LEAST TWO (2) BARIATRIC ROOMS. BARIATRIC ROOM MEANS THE CREATION OF PATIENT ROOM(S) INCLUDED AS PART OF THE CON PROJECT, AND IDENTIFIED ON THE ARCHITECTURAL SCHEMATICS, THAT ARE DESIGNED TO ACCOMMODATE THE NEEDS OF BARIATRIC PATIENTS WEIGHING OVER 400 POUNDS. THE BARIATRIC PATIENT ROOMS SHALL HAVE A LARGER ROOM AND BATHROOM ENTRANCE WIDTH TO ACCOMMODATE OVER-SIZED EQUIPMENT, AND SHALL INCLUDE A MINIMUM OF A BARIATRIC BED, BARIATRIC TOILET, BARIATRIC WHEELCHAIR, AND A DEVICE TO ASSIST RESIDENT MOVEMENT (SUCH AS A PORTABLE OR BUILD IN LIFT). IF AN IN-ROOM SHOWER IS NOT INCLUDED IN THE BARIATRIC PATIENT ROOM, THE MAIN/CENTRAL SHOWER ROOM THAT IS LOCATED ON THE SAME FLOOR AS THE BARIATRIC PATIENT ROOM(S) SHALL INCLUDE AT LEAST ONE (1) SHOWER STALL THAT HAS AN OPENING WIDTH AND DEPTH THAT IS LARGER THAN MINIMUM MI CODE REQUIREMENTS.

(14) Submission of conflicting information in this section may result in a lower point award. If an application contains conflicting information which could result in a different point value being awarded in 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, but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If the conflicting information does not affect the point value, the Department will award points accordingly. For example, if submitted information would result in 12 points being awarded and other conflicting information would also result in 12 points being awarded, then 12 points will be awarded.

(1715) 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 Compiled Laws, and which have the highest number of points when the results of subsections (2) through (1512) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1), in the order in which the applications were received by the Department, based on the date and time stamp on the application when the application is filed.

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

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:

(~~a~~1) Compliance with these standards, including the requirements of Section 10. IF AN APPLICANT IS AWARDED BEDS PURSUANT TO SECTION 10 AND REPRESENTATIONS MADE IN THAT SECTION, THE DEPARTMENT SHALL MONITOR COMPLIANCE WITH THOSE STATEMENTS AND REPRESENTATIONS AND SHALL DETERMINE ACTIONS FOR NON-COMPLIANCE.

(~~b~~2) COMPLIANCE WITH THE FOLLOWING APPLICABLE QUALITY ASSURANCE STANDARDS:

(a) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's actual Medicaid participation within the time periods specified in these standards. Compliance with Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's actual patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable 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 range in the schedule immediately below the range for which points had been awarded in Section 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in 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 the second 12 months of operation after project completion and the most recent 12-month period for which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement 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 Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days reimbursed by Medicaid for the most recent year for which data are available from the Michigan Department of Community Health [subsection (iii) is applicable only to Section 10(2)(a)]. In evaluating subsection (ii), the Department shall rely on both the annual inflation index and the actual rate increases in per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing homes/HLTCUs in the HSA.

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

~~(d) Compliance with applicable operating standards.~~

~~(e) Compliance with the following quality assurance standards:~~

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

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

(3) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:

(a) THE APPLICANT, TO ASSURE APPROPRIATE UTILIZATION BY ALL SEGMENTS OF THE MICHIGAN POPULATION, SHALL:

(i) NOT DENY SERVICES TO ANY INDIVIDUAL BASED ON PAYOR SOURCE.

(ii) MAINTAIN INFORMATION BY SOURCE OF PAYMENT TO INDICATE THE VOLUME OF CARE FROM EACH PAYOR AND NON-PAYOR SOURCE PROVIDED ANNUALLY.

(iii) PROVIDE SERVICES TO ANY INDIVIDUAL BASED ON CLINICAL INDICATIONS OF NEED FOR THE SERVICES.

(4) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS:

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

(iv) The applicant shall provide the Department with ~~a~~ TIMELY notice ~~stating the date the beds are placed in operation and such notice shall be submitted to the Department~~ OF THE PROPOSED PROJECT IMPLEMENTATION consistent with applicable statute and promulgated rules.

(~~2~~5) An applicant shall agree that, if approved, and material discrepancies are later determined within the reporting of the ownership and citation history of the applicant facility and all nursing homes under common ownership and control that would have resulted in a denial of the application, shall surrender the CON. This does not preclude an applicant from reapplying with corrected information at a later date.

(~~3~~6) The agreements and assurances required by this section shall be in the form of a certification agreed to by the applicant or its authorized agent.

Section 12. Department inventory of beds

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

Section 13. Wayne County planning areas

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

Planning Area 84/Northwest Wayne

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

Planning area 85/Southwest Wayne

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

Planning area 86/Detroit

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

~~**Section 14. Health Service Areas**~~

~~Sec. 14. Counties assigned to each of the HSAs are as follows:~~

~~HSA~~	~~COUNTIES~~		
~~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~~	
~~4~~	~~Allegan~~	~~Mason~~	~~Newaygo~~
	~~Ionia~~	~~Mecosta~~	~~Oceana~~
	~~Kent~~	~~Montcalm~~	~~Osceola~~
	~~Lake~~	~~Muskegon~~	~~Ottawa~~
~~5~~	~~Genesee~~	~~Lapeer~~	~~Shiawassee~~
~~6~~	~~Arenac~~	~~Huron~~	~~Roscommon~~
	~~Bay~~	~~Iosco~~	~~Saginaw~~
	~~Clare~~	~~Isabella~~	~~Sanilac~~
	~~Gladwin~~	~~Midland~~	~~Tuscola~~
	~~Gratiot~~	~~Ogemaw~~	
~~7~~	~~Alcona~~	~~Crawford~~	~~Missaukee~~
	~~Alpena~~	~~Emmet~~	~~Montmorency~~
	~~Antrim~~	~~Gd Traverse~~	~~Oscoda~~
	~~Benzie~~	~~Kalkaska~~	~~Otsego~~
	~~Charlevoix~~	~~Leelanau~~	~~Presque Isle~~
	~~Cheboygan~~	~~Manistee~~	~~Wexford~~
~~8~~	~~Alger~~	~~Gogebic~~	~~Mackinac~~
	~~Baraga~~	~~Houghton~~	~~Marquette~~
	~~Chippewa~~	~~Iron~~	~~Menominee~~

~~Delta~~ ~~Keweenaw~~ ~~Ontonagon~~
~~Dickinson~~ ~~Luce~~ ~~Schoolcraft~~

Section 15. Effect on prior CON review standards, comparative reviews

Sec. 15. (1) These CON review standards supersede and replace the CON Standards for Nursing Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on ~~April 30, 2008~~DECEMBER 15, 2010 and effective on ~~June 20, 2008~~MARCH 11, 2011.

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

(a) replacement of an existing nursing home/HLTCU being replaced in a rural county;

(b) replacement of an existing nursing home/HLTCU in a micropolitan or metropolitan statistical area county that is within two miles of the existing nursing home/HLTCU;

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

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

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

APPENDIX A

Counties assigned to each of the HSAs are as follows:

HSA	COUNTIES		
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	
4	Allegan	Mason	Newaygo
	Ionia	Mecosta	Oceana
	Kent	Montcalm	Osceola
	Lake	Muskegon	Ottawa
5	Genesee	Lapeer	Shiawassee
6	Arenac	Huron	Roscommon
	Bay	Iosco	Saginaw
	Clare	Isabella	Sanilac
	Gladwin	Midland	Tuscola
	Gratiot	Ogemaw	
7	Alcona	Crawford	Missaukee
	Alpena	Emmet	Montmorency
	Antrim	Gd Traverse	Oscoda
	Benzie	Kalkaska	Otsego
	Charlevoix	Leelanau	Presque Isle
	Cheboygan	Manistee	Wexford
8	Alger	Gogebic	Mackinac
	Baraga	Houghton	Marquette
	Chippewa	Iron	Menominee
	Delta	Keweenaw	Ontonagon
	Dickinson	Luce	Schoolcraft

APPENDIX ~~AB~~

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

The use rate per 1000 population for each age cohort, for purposes of these standards, effective ~~March~~ AUGUST 1~~1~~, ~~2011~~2013, and until otherwise changed by the Commission, is as follows.

(i) Age 0 - 64: ~~208~~ 200 days of care

(ii) Age 65 - 74: ~~2,791~~ 2,638 days of care

(iii) Age 75 - 84: ~~10,047~~9379 days of care

(iv) Age 85 +: ~~36,758~~34,009 days of care

APPENDIX ~~B~~C

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

The ~~bed need numbers~~ADC ADJUST FACTOR, for purposes of these standards, effective ~~TBD~~AUGUST 1, 2013, and until otherwise changed by the Commission, are as follows:

Planning Area	~~Bed Need~~	ADC Adjustment Factor
Alcona	~~115~~	0.~~95~~90
Alger	~~65~~	0.90
Allegan	~~500~~	0.95
Alpena	~~187~~	0.95
Antrim	~~168~~	0.95
Arenac	~~100~~	0.~~95~~90
Baraga	~~58~~	0.90
Barry	~~275~~	0.95
Bay	~~603~~	0.95
Benzie	~~124~~	0.95
Berrien	~~884~~	0.95
Branch	~~224~~	0.95
Calhoun	~~675~~	0.95
Cass	~~273~~	0.95
Charlevoix	~~159~~	0.95
Cheboygan	~~188~~	0.95
Chippewa	~~202~~	0.95
Clare	~~185~~	0.95
Clinton	~~319~~	0.95
Crawford	~~95~~	0.90
Delta	~~245~~	0.95
Dickinson	~~190~~	0.95
Eaton	~~491~~	0.95
Emmet	~~201~~	0.95
Genesee	~~1,880~~	0.95
Gladwin	~~184~~	0.95
Gogebic	~~137~~	0.95
Gd. Traverse	~~455~~	0.95
Gratiot	~~209~~	0.95
Hillsdale	~~233~~	0.95
Houghton/Keweenaw	~~222~~	0.95
Huron	~~237~~	0.95

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APPENDIX ~~B~~ C - continued

Planning Area	~~Bed Need~~	ADC Adjustment Factor
Ingham	~~1,048~~	0.95
Ionia	~~260~~	0.95
Iosco	~~204~~	0.95
Iron	~~120~~	0.~~95~~90
Isabella	~~245~~	0.95
Jackson	~~777~~	0.95
Kalamazoo	~~1,077~~	0.95
Kalkaska	~~95~~	0.90
Kent	~~2,451~~	0.95
Lake	~~88~~	0.90
Lapeer	~~375~~	0.95
Leelanau	~~159~~	0.95
Lenawee	~~524~~	0.95
Livingston	~~710~~	0.95
Luce	~~36~~	0.90
Mackinac	~~78~~	0.90
Macomb	~~4,255~~	0.95
Manistee	~~169~~	0.95
Marquette	~~338~~	0.95
Mason	~~186~~	0.95
Mecosta	~~220~~	0.95
Menominee	~~167~~	0.95
Midland	~~411~~	0.95
Missaukee	~~92~~	0.90
Monroe	~~686~~	0.95
Montcalm	~~291~~	0.95
Montmorency	~~101~~	0.~~95~~90
Muskegon	~~843~~	0.95
Newaygo	~~241~~	0.95
Oakland	~~5,630~~	0.95
Oceana	~~152~~	0.95
Ogemaw	~~134~~	0.95
Ontonagon	~~59~~	0.90
Osceola	~~127~~	0.95
Oscoda	~~72~~	0.90
Otsego	~~132~~	0.95
Ottawa	~~1,145~~	0.95

APPENDIX B - continued

Planning Area	~~Bed Need~~	ADC Adjustment Factor
Presque Isle	~~124~~	0.95
Roscommon	~~227~~	0.95
Saginaw	~~1,038~~	0.95
St. Clair	~~811~~	0.95
St. Joseph	~~290~~	0.95
Sanilac	~~250~~	0.95
Schoolcraft	~~61~~	0.90
Shiawassee	~~336~~	0.95
Tuscola	~~287~~	0.95
Van Buren	~~365~~	0.95
Washtenaw	~~1,268~~	0.95
Wexford	~~170~~	0.95
NW Wayne	~~2,305~~	0.95
SW Wayne	~~1,542~~	0.95
Detroit	~~4,140~~	0.95
~~**Statewide Total**~~	~~**46,995**~~	

APPENDIX ~~C~~D

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

Rural Michigan counties are as follows:

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

Micropolitan statistical area Michigan counties are as follows:

Allegan	HILLSDALE	MASON
Alpena	Houghton	Mecosta
Benzie	IONIA	Menominee
Branch	Isabella	~~Midland~~
Chippewa	Kalkaska	Missaukee
Delta	Keweenaw	St. Joseph
Dickinson	Leelanau	Shiawassee
Grand Traverse	Lenawee	Wexford
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	~~Ionia~~	MONTCALM~~Newaygo~~
Bay	Jackson	Muskegon
Berrien	Kalamazoo	Oakland
Calhoun	Kent	Ottawa
Cass	Lapeer	Saginaw
Clinton	Livingston	St. Clair
Eaton	Macomb	Van Buren
Genesee	MIDLAND	Washtenaw
Ingham	Monroe	Wayne

Source:

~~65~~ 75 F.R., p. ~~82238~~ 37245 (~~December 27~~JUNE 28, ~~2000~~2010)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget

APPENDIX ~~D~~E

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

Michigan nursing home planning areas with a population density of less than 28 individuals per square mile based on ~~2000~~ 2010 U.S. Census figures.

Planning Area	Population Density Per Square Mile
Ontonagon	~~6.0~~5.11
Schoolcraft	~~7.6~~6.95
Luce	~~7.8~~7.16
Baraga	~~9.7~~9.67
~~Alger~~IRON	~~10.7~~9.76
~~Iron~~ALGER	~~11.3~~10.25
Mackinac	~~11.7~~10.45
~~Oscoda~~GOGEBIC	~~16.7~~14.35
~~Alcona~~OSCODA	~~17.4~~15.12
~~Gogebic~~ALCONA	~~15.8~~15.76
Montmorency	~~18.8~~17.36
~~Lake~~PRESQUE ISLE	~~20.0~~19.53
~~Presque isle~~LAKE	~~21.8~~20.11
~~Menominee~~CHIPPEWA	~~24.3~~21.29
~~Chippewa~~MENOMINEE	~~24.7~~22.86
Houghton/Keweenaw	~~24.7~~24.17
~~Missaukee~~CRAWFORD	~~25.5~~25.00
~~Crawford~~MISSAUKEE	~~25.6~~25.90

Source: Michigan Department of Management and Budget and the U.S. Bureau of the Census

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

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

Section 1. Applicability; definitions

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

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

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

(4) For purposes of this addendum, the following terms are defined:
(a) "Behavioral patient" means an individual that exhibits a history of chronic behavior management problems such as aggressive behavior that puts self or others at risk for harm, or an altered state of consciousness, including paranoia , delusions, and acute confusion.
(b) "Hospice" means a health care program licensed under Part 214 of the Code, being Section 333.21401 et seq.
(c) "Infection control program," means a program that will reduce the risk of the introduction of communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread of a communicable disease.
(d) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being sections 330.1001 to 330.2106 of the Michigan Compiled Laws.
(e) "Private residence", means a setting other than a licensed hospital; or a nursing home including a nursing home or part of a nursing home approved pursuant to Section 6.
(f) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a degenerative or congenital nature. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial adjustment.
(g) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory assistance.

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

Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would otherwise cause the total number of nursing home beds in that planning area to exceed the needed nursing home bed supply or cause an increase in an existing excess as determined under the applicable

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

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

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

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

(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.

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

(i) Alzheimer's disease has 384 beds.

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

(iii) Religious has 292 beds.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) The 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:

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

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

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

(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 subsection.

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

(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 TBI/SCI patients.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 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.

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

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

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

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

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

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

(a) 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.

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

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

(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 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the United States Internal Revenue Code.

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

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

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

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

(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:

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

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

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

(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 subsection.

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

(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 TBI/SCI patients.

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

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

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

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

(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 home and be no larger than 20 beds in size.

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

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

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

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

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

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

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

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

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

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

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

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

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

(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:

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

(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 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.

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

(6) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for special population groups allocated to ventilator-dependent patients shall meet 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.

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

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

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-term Care Unit Beds.

(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 delivered in compliance with the following term of CON approval:

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

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

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

(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 home and be no larger than 20 beds in size.

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

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

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

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

(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 accordance with the following CON terms of approval.

(a) An applicant shall maintain Medicare certification of the hospice program and shall establish and maintain the ability to provide, either directly or through contractual arrangements, hospice services 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 accommodations for family members to have overnight stays and participate in family meals at the applicant facility.

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

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

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

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

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

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

(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.

(5) An applicant for beds from the statewide pool for special population groups allocated to 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.

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

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

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

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

(i) respiratory therapy.

(ii) occupational and physical therapy.

(iii) psychological services.

(iv) family and patient teaching activities.

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

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

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

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

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

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

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

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

(ii) placement and care of urinary catheters.

(iii) care and use of thermometers.

(iv) care and use of tracheostomy devices.

(v) employee personal hygiene.

(vi) aseptic technique.

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

(viii) isolation techniques and procedures.

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

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

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

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

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

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

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

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

(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 following:

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

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

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

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

(v) Quality assurance and assessment program to assure that services furnished to TBI/SCI 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 receiving such services.

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

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

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

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

(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 following:

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

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

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

(iv) quality assurance and assessment program to assure that services furnished to behavioral 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 behavioral patient receiving such services.

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

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

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

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

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

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

(5) These CON review standards supercede and replace the CON Review Standards for Nursing 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.