

1 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

2  
3 CERTIFICATE OF NEED (CON) REVIEW STANDARDS

4 **FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT (HLTCU) BEDS**

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

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10 **Section 1. Applicability**

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12 Sec. 1. (1) These standards are requirements for approval and delivery of **NURSING HOMES AND**  
13 **HLTCU** services ~~for all projects approved and certificates of need issued~~ under Part 222 of the Code  
14 ~~which involve nursing homes and hospital long-term-care units.~~

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16 ~~(2) A nursing home licensed under Part 217 and a hospital long-term-care unit (HLTCU) defined in~~  
17 ~~Section 20106(6) are covered health facilities for purposes of Part 222 of the Code.~~

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19 ~~(3) The Department shall use sections 3, 4, 5, 6, 7, 8, 9, 12, 13, and 14 of these standards, as~~  
20 ~~applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan~~  
21 ~~Compiled Laws.~~

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23 ~~(4) The Department shall use Section 11 of these standards, as applicable, in applying AND Section~~  
24 ~~22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.~~

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26 ~~(5) The Department shall use Section 10(2) of these standards, as applicable, in applying Section~~  
27 ~~22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws.~~

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30 **Section 2. Definitions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

85 (q) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6  
86 and 1396r-8 to 1396v.

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

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

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

97 (u) "Nonrenewal or revocation of license for cause" means that the Department did not renew or  
98 revoked the nursing home's/HLTCU's license based on the nursing home's/HLTCU's failure to comply with  
99 state licensing standards.

100 (v) "Nonrenewal or termination of certification for cause" means the nursing home/HLTCU Medicare  
101 and/or Medicaid certification was terminated or not renewed based on the nursing home's/HLTCU's failure  
102 to comply with Medicare and/or Medicaid participation requirements.

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

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

108 ~~(xV)~~ "Nursing home bed" means a bed in a health facility licensed under Part 217 of the Code or a  
109 licensed bed in a hospital long-term-care unit. The term does not include short-term nursing care program  
110 beds approved pursuant to Section 22210 of the Code being Section 333.22210 of the Michigan Compiled  
111 Laws or beds in health facilities listed in Section 22205(2) of the Code, being Section 333.22205(2) of the  
112 Michigan Compiled Laws.

113 ~~(yW)~~ "Occupancy rate" means the percentage which expresses the ratio of the actual number of  
114 patient days of care provided divided by the total number of patient days. Total patient days is calculated  
115 by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying these  
116 beds by the number of days that they were licensed and/or CON approved but not yet licensed. This shall  
117 include nursing home beds approved from the statewide pool. Occupancy rates shall be calculated using  
118 verifiable data from either (i) the actual number of patient days of care for 12 continuous months of data  
119 from the MDCH Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey  
120 instrument or (ii) the actual number of patient days of care for 4 continuous quarters of data as reported to  
121 the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the  
122 most recent available data.

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

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

131 ~~(bb)~~ "Physically conforming beds," for purposes of Section 10(3), means beds which meet the  
132 maximum occupancy and minimum square footage requirements as specified in Section 483.70(d)(1) of  
133 the Code of Federal Regulations for Medicare certification (42 CFR) or any federal regulations for  
134 Medicare certification addressing maximum occupancy and minimum square footage requirements  
135 approved subsequent to the effective date of these standards.

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

140 ~~(eeAA)~~ "Relocation of existing nursing home/HLTCU beds" means a change in the location of existing  
141 nursing home/HLTCU beds from the licensed site to a different licensed site within the planning area.

142 ~~(eeBB)~~ "Renewal of lease" means execution of a lease between the licensee and a real property owner  
143 in which the total lease costs exceed the capital expenditure threshold.

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

149 ~~(ggDD)~~ "Replacement zone" means a proposed licensed site that is,  
150 (i) for a rural or micropolitan statistical area county, within the same planning area as the existing  
151 licensed site.

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

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

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

155 ~~(hhEE)~~ "Rural county" means a county not located in a metropolitan statistical area or micropolitan  
156 statistical areas as those terms are defined under the "standards for defining metropolitan and  
157 micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of

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

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

162 (jj) "Use rate" means the number of nursing home and hospital long-term-care unit days of care per  
163 1,000 population during a one-year period.

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165 (2) The definitions in Part 222 of the Code shall apply to these standards.  
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### 167 **Section 3. Determination of needed nursing home bed supply**

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

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

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

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

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

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

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

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

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

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

### 191 **Section 4. Bed need**

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194 Sec. 4. (1) The bed need numbers shown in Appendix B and incorporated as part of these  
195 standards shall apply to project applications subject to review under these standards, except where a  
196 specific CON standard states otherwise.

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198 (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis.  
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200 (3) The base year and the planning year that shall be utilized in applying the methodology pursuant  
201 to subsection (2) shall be set according to the most recent data available to the Department.  
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203 (4) The effective date of the bed need numbers shall be established by the Commission.  
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205 (5) New bed need numbers established by subsections (2) and (3) shall supersede the bed need  
206 numbers shown in Appendix B and shall be included as an amended appendix to these standards.  
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208 (6) Modifications made by the Commission pursuant to this section shall not require standard  
209 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the  
210 Governor in order to become effective.

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**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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

295 (A) The planning area in which the beds will be located shall have a population density of less than  
 296 28 individuals per square mile based on the 2000 U.S. Census figures as set forth in Appendix D.

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

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

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

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

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

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

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

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

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

(vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment Program (QAAP) 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 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:

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

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

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

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

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

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

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

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

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

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

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381 (2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing nursing  
382 home/HLTCU under subsection (1), shall not be required to be in compliance with the needed nursing  
383 home bed supply set forth in Appendix B, if the applicant demonstrates all of the following:

384 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
385 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
386 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

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

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

394 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement  
395 initiated by the Department or licensing and certification agency in another state, within the last three

396 years, or from the change of ownership date if the facility has come under common ownership or control  
397 within 24 months of the date of the application.

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

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

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

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

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

414

#### 415 **Section 8. Requirements for approval to replace beds**

416

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

418

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

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

425

<b>Type of Applicant</b>	<b>Reporting Requirement</b>
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

426

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

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

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

436 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and  
437 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated  
438 from the quarter in which the standard survey was completed, in the state in which the nursing  
439 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all

440 licensed only facilities on the last two licensing surveys. However, if the facility has come under common  
441 ownership or control within 24 months of the date of the application, the first two licensing surveys as of  
442 the change of ownership date, shall be excluded.

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

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

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

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

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

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

457  
458 (2) An applicant proposing to replace a licensed nursing home/HLTCU outside the replacement  
459 zone shall demonstrate all of the following:

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

463

<b>Type of Applicant</b>	<b>Reporting Requirement</b>
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

464

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

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

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

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

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

483 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment  
484 Program (QAAP) or Civil Monetary Penalties (CMP).  
485 (b) The total number of existing nursing home beds in that planning area is equal to or less than the  
486 needed nursing home bed supply set forth in Appendix B.  
487 (c) The number of beds to be replaced is equal to or less than the number of currently licensed  
488 beds at the nursing home/HLTCU at which the beds proposed for replacement are currently located.  
489 (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health  
490 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978, as  
491 amended and are published by the Department, will be met when the architectural blueprints are  
492 submitted for review and approval by the Department.  
493 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
494 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies  
495 include any unresolved deficiencies still outstanding with the Department.  
496  
497 (3) An applicant proposing to replace beds with a new design model shall not be required to be in  
498 compliance with the needed nursing home bed supply set forth in Appendix B if the applicant  
499 demonstrates all of the following:  
500 (a) The proposed project results in no more than 100 beds per new design model and meets the  
501 following design standards:  
502 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the  
503 construction standards shall be those applicable to nursing homes in the document entitled Minimum  
504 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section 20145(6)  
505 of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any future  
506 versions.  
507 (ii) For small resident housing units of 10 beds or less that are supported by a central support  
508 inpatient facility, the construction standards shall be those applicable to hospice residences providing an  
509 inpatient level of care, except that:  
510 (a) at least 100% of all resident sleeping rooms shall meet barrier free requirements;  
511 (b) electronic nurse call systems shall be required in all facilities;  
512 (c) handrails shall be required on both sides of patient corridors; and  
513 (d) ceiling heights shall be a minimum of 7 feet 10 inches.  
514 (iii) The proposed project shall comply with applicable life safety code requirements and shall be  
515 fully sprinkled and air conditioned.  
516 (iv) The Department may waive construction requirements for new design model projects if  
517 authorized by law.  
518 (b) The proposed project shall include at least 80% single occupancy resident rooms with an  
519 adjoining bathroom serving no more than two residents in both the central support inpatient facility and  
520 any supported small resident housing units. If the proposed project is for replacement/renovation of an  
521 existing facility and utilizes only a portion of its currently licensed beds, the remaining rooms at the existing  
522 facility shall not exceed double occupancy.  
523 (c) The proposed project shall be within the replacement zone unless the applicant demonstrates  
524 all of the following:  
525 (i) The proposed site for the replacement beds is in the same planning area, and not within a three  
526 mile radius of a licensed nursing home that has been newly constructed, or replaced (including approved  
527 projects) within five calendar years prior to the date of the application,  
528 (ii) The applicant shall provide a signed affidavit or resolution from its governing body or authorized  
529 agent stating that the proposed licensed site will continue to provide service to the same market, and  
530 (iii) The current patients of the facility/beds being replaced shall be admitted to the replacement  
531 beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the  
532 replacement facility/beds.  
533 (d) An approved project may involve replacement of a portion of the beds of an existing facility at a  
534 geographic location within the replacement zone that is not physically connected to the current licensed  
535 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate  
536 license shall be issued to the facility at the new location.

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

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

543  
 544 Sec. 9. An applicant proposing to acquire an existing nursing home/HLTCU or renew the lease of an  
 545 existing nursing home/HLTCU must meet the following as applicable:

546  
 547 (1) An applicant proposing to acquire an existing nursing home/HLTCU shall not be required to be  
 548 in compliance with the needed nursing home bed supply set forth in Appendix B for the planning area in  
 549 which the nursing home or HLTCU is located if the applicant demonstrates all of the following:

550 (a) At the time of application, the applicant, as identified in the table, shall provide a report  
 551 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its  
 552 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

554  
 555 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 556 receivership within the last three years, or from the change of ownership date if the facility has come under  
 557 common ownership or control within 24 months of the date of the application.

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

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

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

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

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

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

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

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

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

581 (f) The applicant shall participate in a quality improvement program, such as My Innerview,  
 582 Advancing Excellence, or another comparable program APPROVED BY THE DEPARTMENT, for five  
 583 years and provide an annual report to the Michigan State Long-Term-Care Ombudsman, Bureau of Health  
 584 Systems, and shall post the annual report in the facility if the facility being acquired has met any of  
 585 conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).  
 586

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

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

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

593 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 594 receivership within the last three years, or from the change of ownership date if the facility has come under  
 595 common ownership or control within 24 months of the date of the application.  
 596

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

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

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

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

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

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

616 (c) The applicant shall participate in a quality improvement program, such as My Innerview,  
 617 Advancing Excellence, or another comparable program APPROVED BY THE DEPARTMENT, for five  
 618 years and provide an annual report to the Michigan State Long-Term-Care Ombudsman, Bureau of Health  
 619 Systems, and shall post the annual report in the facility if the facility being acquired has met any of  
 620 conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).

621 (d) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
 622 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies  
 623 include any unresolved deficiencies still outstanding with the Department.  
 624

625 (3) An applicant proposing to renew the lease for an existing nursing home/HLTCU shall not be  
 626 required to be in compliance with the needed nursing home bed supply set forth in Appendix B for the  
 627 planning area in which the nursing home/HLTCU is located, if the applicant demonstrates all of the  
 628 following:  
 629 (a) The lease renewal will not result in a change in bed capacity.  
 630 (b) The licensed site does not change as a result of the lease renewal.  
 631 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
 632 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies  
 633 include any unresolved deficiencies still outstanding with the Department.  
 634

635 **Section 10. Review standards for comparative review**  
 636

637 Sec. 10. (1) Any application subject to comparative review, under Section 22229 of the Code, being  
 638 Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and  
 639 reviewed comparatively with other applications in accordance with the CON rules.  
 640

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

644 (a) A qualifying project will be awarded points, ~~in accordance with the schedule set forth below~~ AS  
 645 FOLLOWS:

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

648 (ii) For a new nursing home/HLTCU, the proposed percentage of ~~the nursing home/HLTCU's~~  
 649 patient days of care to be reimbursed by Medicaid in the second 12 months of operation following project  
 650 completion, ~~and annually, thereafter, for at least seven years.~~

Percentage of Medicaid Patient Days (calculated using total patient days for all existing and proposed beds at the facility)	Points Awarded	
	CURRENT	PROPOSED
0	0	0
1-19	3	3
20 - 39 59%	6	3
40-59	9	9
60 - 100%	12 10	5

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

653 (i) ~~FOR AN EXISTING NURSING HOME/HLTCU, Nine-nine (9) points if, 100%, six (6) points if~~  
 654 ~~75%, and three-FOUR (34) points if 50% of the licensed nursing home beds at the facility are Medicaid~~  
 655 ~~certified for the most recent 12 months OF OPERATIONS for an existing nursing home/HLTCU.~~

656 (ii) ~~FOR A NEW NURSING HOME/HLTCU, Nine-SEVEN (97) points if 100%, six-FOUR (4) points if~~  
 657 ~~75%, and three-TWO (32) points if 50% of the proposed beds at the facility will be Medicaid certified BY~~  
 658 ~~THE SECOND 12 MONTHS OF OPERATION FOLLOWING PROJECT COMPLETION for a new nursing~~  
 659 ~~home/HLTCU.~~

660 (3) A qualifying project will be awarded points, ~~in accordance with the schedule set forth below,~~  
 661 based on the most recent 12 months of participation level in the Medicare program for an existing nursing  
 662 home/HLTCU and the proposed participation level for a new nursing home/HLTCU.  
 663

<u>Participation Level</u>	<u>Points Awarded</u>
----------------------------	-----------------------

669	<del>No Medicare certification of</del>	<del>0</del>
670	<del>any physically conforming</del>	
671	<del>existing and proposed beds.</del>	
672		
673	Medicare certification of at least	1
674	one (1) bed but less than 100% of	
675	<del>all physically conforming</del>	
676	<del>existing and proposed beds.</del>	
677		
678	Medicare certification of 100% of	23
679	all <del>physically conforming</del>	
680	existing and proposed beds.	

682 (4) A qualifying project will have 15 points deducted based on IF the applicant HAS ANY OF THE  
683 FOLLOWING's record of compliance with applicable federal and state safety and operating standards for  
684 any nursing home/HLTCU owned and/or operated by the applicant in Michigan. Points shall be deducted  
685 in accord with the schedule set forth below if, after July 11, 1993, the records which are maintained by the  
686 Department document (a) any nonrenewal or revocation of license for cause and/or (b) nonrenewal or  
687 termination for cause of either Medicare or Medicaid certification of any Michigan nursing home/HLTCU  
688 owned and/or operated by the applicant. AT THE TIME THE APPLICATION IS SUBMITTED:  
689

Nursing Home/HLTCU Compliance Action	Points Deducted
Nonrenewal or revocation of license	4
Nonrenewal or termination of:	
— Certification — Medicare	4
— Certification — Medicaid	4

690  
691 (A) IS CURRENTLY A SPECIAL FOCUS NURSING HOME/HLTCU AS IDENTIFIED BY THE  
692 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS);  
693 (B) HAS BEEN A SPECIAL FOCUS NURSING HOME/HLTCU WITHIN THE LAST THREE (3)  
694 YEARS;  
695 (C) HAS HAD MORE THAN EIGHT (8) SUBSTANDARD QUALITY OF CARE CITATIONS;  
696 IMMEDIATE HARM CITATIONS, AND/OR IMMEDIATE JEOPARDY CITATIONS IN THE THREE (3)  
697 MOST RECENT STANDARD SURVEY CYCLES (INCLUDES INTERVENING ABBREVIATED  
698 SURVEYS, STANDARD SURVEYS, AND REVISITS);  
699 (D) HAS HAD AN INVOLUNTARY TERMINATION OR VOLUNTARY TERMINATION AT THE  
700 THREAT OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER  
701 AGREEMENT WITHIN THE LAST THREE (3) YEARS;  
702 (E) HAS HAD A STATE ENFORCEMENT ACTION RESULTING IN A REDUCTION IN LICENSE  
703 CAPACITY OR A BAN ON ADMISSIONS WITHIN THE LAST THREE (3) YEARS; OR  
704 (F) HAS ANY OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR  
705 QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP), CIVIL MONETARY PENALTIES (CMP),  
706 MEDICAID LEVEL OF CARE DETERMINATION (LOCD), OR PREADMISSION SCREENING AND  
707 ANNUAL RESIDENT REVIEW (PASARR).  
708  
709 (5) A qualifying project will be awarded nine (9) 10 points if the applicant currently PROVIDES  
710 DOCUMENTATION THAT IT provides PARTICIPATES or demonstrates that it will FIVE (5) POINTS IF IT  
711 PROPOSES TO participate in a culture change model, which contains person centered care, ongoing staff  
712 training, and measurements of outcomes. AN ADDITIONAL FIVE (5) POINTS WILL BE AWARDED IF  
713 THE CULTURE CHANGE MODEL, EITHER CURRENTLY USED OR PROPOSED, IS A MODEL  
714 APPROVED BY THE DEPARTMENT.

715  
 716 (6) A qualifying project will be awarded points based on the proposed percentage of the "Applicant's  
 717 cash" to be applied toward funding the total proposed project cost in accord with the schedule set forth  
 718 below AS FOLLOWS:  
 719

Percentage "Applicant's Cash"	Points Awarded
<u>Over 20 percent</u>	<u>105</u>
<u>15.1 to 20 percent</u>	<u>8</u>
<u>10.1 to 15 percent - 20%</u>	<u>63</u>
<u>5.1 to 10 percent - 9%</u>	<u>42</u>
<u>1.1 to 5 percent</u>	<u>2</u>
<u>0 to 1 percent</u>	<u>0</u>

720  
 721 (7) A qualifying project will be awarded six-FIVE (65) points if the existing or proposed nursing  
 722 home/HLTCU is fully equipped with sprinklers.  
 723

724 (8) A QUALIFYING PROJECT WILL BE AWARDED FIVE (5) POINTS IF THE EXISTING OR  
 725 PROPOSED NURSING HOME/HLTCU IS FULLY EQUIPPED WITH AIR CONDITIONING.  
 726

727 (89) A qualifying project will be awarded points based on the facility design of the existing or  
 728 proposed nursing home PROPOSED PROJECT AS FOLLOWS:  
 729

Facility Design	Points Awarded
<u>8100% PRIVATE ROOMS WITH ADJOINING SINK, TOILET, AND SHOWER</u>	<u>10</u>
<u>80100% private rooms with DEDICATED SINK AND SHARED private ADJOINING toilet, SINK and SHOWER sink, and central showers with adjacent private changing room for the resident to dress and undress in privacy</u>	<u>65</u>
<u>80% private rooms with private toilet, sink, and shower</u>	<u>6</u>
<u>80% private rooms with private DEDICATED sink, shared ADJOINING toilet AND SINK, and central showers with adjacent private changing room ADJOINING SPACE for the resident to DRYING AND dressING and undress in VISUAL privacy</u>	<u>3</u>

730  
 731  
 732 (10) A QUALIFYING PROJECT WILL BE AWARDED 10 POINTS IF IT RESULTS IN A NURSING  
 733 HOME/HLTCU WITH 150 OR FEWER BEDS.  
 734

735 (11) A QUALIFYING PROJECT WILL BE AWARDED FIVE (5) POINTS IF THE APPLICANT  
 736 PROVIDES ITS AUDITED FINANCIAL STATEMENTS.  
 737

738 (12) A QUALIFYING PROJECT WILL BE AWARDED FIVE (5) POINTS IF THE PROPOSED BEDS  
 739 WILL BE HOUSED IN NEW CONSTRUCTION.  
 740

741 (13) A QUALIFYING PROJECT WILL BE AWARDED 10 POINTS IF THE EXISTING NURSING  
 742 HOME/HLTCU ELIMINATES ALL OF ITS 3- AND 4-BED WARDS.  
 743

744 (14) A QUALIFYING PROJECT WILL BE AWARDED 5 POINTS IF THE EXISTING OR  
745 PROPOSED NURSING HOME/HLTCU IS ON OR READILY ACCESSIBLE TO AN EXISTING OR  
746 PROPOSED PUBLIC TRANSPORTATION ROUTE.

747  
748 (15) A QUALIFYING PROJECT WILL BE AWARDED NO MORE THAN FOUR (4) POINTS FOR  
749 TECHNOLOGICAL INNOVATION AS FOLLOWS:  
750

TECHNOLOGY FEATURE	POINTS AWARDED
ELECTRONIC HEALTH RECORD AND COMPUTER POINT-OF-SERVICE ENTRY CAPABILITY (INCLUDING WIRELESS TABLETS)	1
WIRELESS NURSE CALL/PAGING SYSTEM INCLUDING WIRELESS DEVICES CARRIED BY DIRECT CARE STAFF	1
WIRELESS INTERNET IN TOTAL EXISTING AND PROPOSED FACILITY	1
COMPUTER STATIONS OR INTERNET CAFES FOR RESIDENT USE	1

751  
752  
753 (166) SUBMISSION OF CONFLICTING INFORMATION IN THIS SECTION MAY RESULT IN A  
754 LOWER POINT AWARD. IF AN APPLICATION CONTAINS CONFLICTING INFORMATION WHICH  
755 COULD RESULT IN A DIFFERENT POINT VALUE BEING AWARDED IN THIS SECTION, THE  
756 DEPARTMENT WILL AWARD POINTS BASED ON THE LOWER POINT VALUE THAT COULD BE  
757 AWARDED FROM THE CONFLICTING INFORMATION. FOR EXAMPLE, IF SUBMITTED  
758 INFORMATION WOULD RESULT IN 6 POINTS BEING AWARDED, BUT OTHER CONFLICTING  
759 INFORMATION WOULD RESULT IN 12 POINTS BEING AWARDED, THEN 6 POINTS WILL BE  
760 AWARDED. IF THE CONFLICTING INFORMATION DOES NOT AFFECT THE POINT VALUE, THE  
761 DEPARTMENT WILL AWARD POINTS ACCORDINGLY. FOR EXAMPLE, IF SUBMITTED  
762 INFORMATION WOULD RESULT IN 12 POINTS BEING AWARDED AND OTHER CONFLICTING  
763 INFORMATION WOULD ALSO RESULT IN 12 POINTS BEING AWARDED, THEN 12 POINTS WILL BE  
764 AWARDED. ~~The minimum number of points will be awarded to an applicant under the individual~~  
765 ~~subsections of this Section for conflicting information presented in this Section and related information~~  
766 ~~provided in other sections of the CON application.~~

767  
768 (4917) The Department shall approve those qualifying projects which, WHEN taken together, do not  
769 exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan  
770 Compiled Laws, and which have the highest number of points when the results of subsections (2) through  
771 (9145) are totaled. If two or more qualifying projects are determined to have an identical number of points,  
772 then the Department shall approve those qualifying projects which, WHEN taken together, do not exceed  
773 the need, as defined in Section 22225(1), in the order in which the applications were received by the  
774 Department, based on the date and time stamp on the application, when the application is filed.

775  
776 **Section 11. Project delivery requirements -- terms of approval for all applicants**  
777

778 Sec. 11. (1) An applicant shall agree that, if approved, the project shall be delivered in compliance  
779 with the following terms of CON approval:

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

781 (b) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's  
782 actual Medicaid participation within the time periods specified in these standards. Compliance with  
783 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's actual

784 patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable  
785 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative  
786 review process. If any of the following occurs, an applicant shall be required to be in compliance with the  
787 range in the schedule immediately below the range for which points had been awarded in Section  
788 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in  
789 order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid  
790 recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between  
791 the second 12 months of operation after project completion and the most recent 12-month period for which  
792 data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement to the  
793 applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs as  
794 defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security Act  
795 which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's  
796 patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed  
797 nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days  
798 reimbursed by Medicaid for the most recent year for which data are available from the Michigan  
799 Department of Community Health [subsection (iii) is applicable only to Section 10(2)(a)]. In evaluating  
800 subsection (ii), the Department shall rely on both the annual inflation index and the actual rate increases in  
801 per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing homes/HLTCUs in the  
802 HSA provided to the Department by the Michigan Department of Community Health.

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

807 (d) Compliance with applicable operating standards.

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

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

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

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

821 (iv) The applicant shall provide the Department with a notice stating the date the beds are placed in  
822 operation and such notice shall be submitted to the Department consistent with applicable statute and  
823 promulgated rules.

824

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

830

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

833

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

835

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

838

839 **Section 13. Wayne County planning areas**

840

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

843

844 Planning Area 84/Northwest Wayne

845

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

848

849 Planning area 85/Southwest Wayne

850

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

854

855 Planning area 86/Detroit

856

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

859

860 **Section 14. Health Service Areas**

861

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

863

864	HSA	COUNTIES		
865				
866	1	Livingston	Monroe	St. Clair
867		Macomb	Oakland	Washtenaw
868		Wayne		
869				
870	2	Clinton	Hillsdale	Jackson
871		Eaton	Ingham	Lenawee
872				
873	3	Barry	Calhoun	St. Joseph
874		Berrien	Cass	Van Buren
875		Branch	Kalamazoo	
876				
877	4	Allegan	Mason	Newaygo
878		Ionia	Mecosta	Oceana
879		Kent	Montcalm	Osceola
880		Lake	Muskegon	Ottawa
881				
882	5	Genesee	Lapeer	Shiawassee
883				
884	6	Arenac	Huron	Roscommon
885		Bay	Iosco	Saginaw
886		Clare	Isabella	Sanilac
887		Gladwin	Midland	Tuscola
888		Gratiot	Ogemaw	



890	7	Alcona	Crawford	Missaukee
891		Alpena	Emmet	Montmorency
892		Antrim	Gd Traverse	Oscoda
893		Benzie	Kalkaska	Otsego
894		Charlevoix	Leelanau	Presque Isle
895		Cheboygan	Manistee	Wexford
896				
897	8	Alger	Gogebic	Mackinac
898		Baraga	Houghton	Marquette
899		Chippewa	Iron	Menominee
900		Delta	Keweenaw	Ontonagon
901		Dickinson	Luce	Schoolcraft
902				

**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 ~~March 11~~ **APRIL 30, 2008** and effective on June 20, 2008.

(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.

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

The use rate per 1000 population for each age cohort, for purposes of these standards, until otherwise changed by the Commission, is as follows.

- (i) age 0 - 64: 170 days of care
- (ii) age 65 - 74: 3,126 days of care
- (iii) age 75 - 84: 10,987 days of care
- (iv) age 85 +: 37,368 days of care

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

The bed need numbers, for purposes of these standards, until otherwise changed by the Commission, are as follows:

Planning Area	Bed Need	ADC Adjustment Factor
ALCONA	88	0.90
ALGER	68	0.90
ALLEGAN	426	0.95
ALPENA	173	0.95
ANTRIM	142	0.95
ARENAC	112	0.95
BARAGA	50	0.90
BARRY	252	0.95
BAY	552	0.95
BENZIE	118	0.95
BERRIEN	790	0.95
BRANCH	222	0.95
CALHOUN	651	0.95
CASS	234	0.95
CHARLEVOIX	152	0.95
CHEBOYGAN	181	0.95
CHIPPEWA	189	0.95
CLARE	163	0.95
CLINTON	268	0.95
CRAWFORD	104	0.95
DELTA	234	0.95
DICKINSON	174	0.95
EATON	472	0.95
EMMET	172	0.95
GENESEE	1,938	0.95
GLADWIN	170	0.95
GOGEBIC	114	0.95
GD. TRAVERSE	410	0.95
GRATIOT	255	0.95
HILLSDALE	218	0.95
HOUGHTON/KEWEENAW	168	0.95
HURON	226	0.95

**APPENDIX B - continued**

			ADC
		Bed	Adjustment
	Planning Area	Need	Factor
987			
988			
989			
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993			
994	INGHAM	1,161	0.95
995	IONIA	258	0.95
996	IOSCO	207	0.95
997	IRON	101	0.95
998	ISABELLA	244	0.95
999			
1000	JACKSON	794	0.95
1001			
1002	KALAMAZOO	1,069	0.95
1003	KALKASKA	81	0.90
1004	KENT	2,388	0.95
1005			
1006	LAKE	83	0.90
1007	LAPEER	352	0.95
1008	LEELANAU	136	0.95
1009	LENAWEE	487	0.95
1010	LIVINGSTON	592	0.95
1011	LUCE	46	0.90
1012			
1013	MACKINAC	79	0.90
1014	MACOMB	4,305	0.95
1015	MANISTEE	154	0.95
1016	MARQUETTE	282	0.95
1017	MASON	166	0.95
1018	MECOSTA	212	0.95
1019	MENOMINEE	140	0.95
1020	MIDLAND	395	0.95
1021	MISSAUKEE	91	0.90
1022	MONROE	645	0.95
1023	MONTCALM	253	0.95
1024	MONTMORENCY	99	0.90
1025	MUSKEGON	779	0.95
1026			
1027	NEWAYGO	219	0.95
1028			
1029	OAKLAND	5,326	0.95
1030	OCEANA	124	0.95
1031	OGEMAW	144	0.95
1032	ONTONAGON	48	0.90
1033	OSCEOLA	106	0.95
1034	OSCODA	85	0.90
1035	OTSEGO	139	0.95
1036	OTTAWA	1,060	0.95
1037			

**APPENDIX B - continued**

		Bed	ADC
	Planning Area	Need	Adjustment
			Factor
1038			
1039			
1040			
1041			
1042			
1043			
1044			
1045	PRESQUE ISLE	115	0.95
1046			
1047	ROSCOMMON	186	0.95
1048			
1049	SAGINAW	1,039	0.95
1050	ST. CLAIR	754	0.95
1051	ST. JOSEPH	289	0.95
1052	SANILAC	231	0.95
1053	SCHOOLCRAFT	58	0.90
1054	SHIAWASSEE	350	0.95
1055			
1056	TUSCOLA	270	0.95
1057			
1058	VAN BUREN	325	0.95
1059			
1060	WASHTENAW	1,146	0.95
1061	WEXFORD	168	0.95
1062	NW WAYNE	2,563	0.95
1063	SW WAYNE	1,732	0.95
1064			
1065	DETROIT	4,435	0.95
1066			

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

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Rural Michigan counties are as follows:

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

Micropolitan statistical area Michigan counties are as follows:

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

Metropolitan statistical area Michigan counties are as follows:

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

Source:

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

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

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

<u>Planning Area</u>	<u>Population Density Per Square Mile</u>
Ontonagon	6.0
Schoolcraft	7.6
Luce	7.8
Baraga	9.7
Alger	10.7
Iron	11.3
Mackinac	11.7
Oscoda	16.7
Alcona	17.4
Gogebic	15.8
Montmorency	18.8
Lake	20.0
Presque isle	21.8
Menominee	24.3
Chippewa	24.7
Houghton/Keweenaw	24.7
Missaukee	25.5
Crawford	25.6

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

1149 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

1150  
1151 CON REVIEW STANDARDS  
1152 FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS  
1153 --ADDENDUM FOR SPECIAL POPULATION GROUPS  
1154

1155 (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of  
1156 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being  
1157 sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)  
1158

1159 **Section 1. Applicability; definitions**  
1160

1161 Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and Hospital  
1162 Long-term Care Unit Beds and shall be used for determining the need for projects established to better  
1163 meet the needs of special population groups within the long-term care and nursing home populations.  
1164

1165 (2) Except as provided in sections 2, 3, 4, 5, 6, 7, and 8 of this addendum, these standards  
1166 supplement, and do not supersede, the requirements and terms of approval required by the CON Review  
1167 Standards for Nursing Home and Hospital Long-term Care Unit Beds.  
1168

1169 (3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital Long-  
1170 term Care Unit Beds shall apply to these standards.  
1171

1172 (4) For purposes of this addendum, the following terms are defined:

1173 (a) "Behavioral patient" means an individual that exhibits a history of chronic behavior management  
1174 problems such as aggressive behavior that puts self or others at risk for harm, or an altered state of  
1175 consciousness, including paranoia, delusions, and acute confusion.

1176 (b) "Hospice" means a health care program licensed under Part 214 of the Code, being Section  
1177 333.21401 *et seq.*

1178 (c) "Infection control program," means a program that will reduce the risk of the introduction of  
1179 communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance  
1180 program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to  
1181 the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread of  
1182 a communicable disease.

1183 (d) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or  
1184 a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being  
1185 sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

1186 (e) "Private residence", means a setting other than a licensed hospital; or a nursing home including  
1187 a nursing home or part of a nursing home approved pursuant to Section 6.

1188 (f) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or  
1189 SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a  
1190 degenerative or congenital nature. These impairments may be either temporary or permanent and cause  
1191 partial or total functional disability or psychosocial adjustment.

1192 (g) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory  
1193 assistance.  
1194

1195 **Section 2. Requirements for approval -- applicants proposing to increase nursing home beds --**  
1196 **special use exceptions**  
1197

1198 Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would  
1199 otherwise cause the total number of nursing home beds in that planning area to exceed the needed  
1200 nursing home bed supply or cause an increase in an existing excess as determined under the applicable  
1201 CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be  
1202 approved pursuant to this addendum.  
1203

1204 **Section 3. Statewide pool for the needs of special population groups within the long-term care and**  
1205 **nursing home populations**  
1206

1207 Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is  
1208 established to better meet the needs of special population groups within the long-term care and nursing  
1209 home populations. Beds in the pool shall be allocated as follows:

1210 (a) These categories shall be allocated 1,109 beds and distributed as follows and shall be  
1211 reduced/redistributed in accordance with subsection (c):

1212 (i) TBI/SCI beds will be allocated 400 beds.

1213 (ii) Behavioral beds will be allocated 400 beds.

1214 (iii) Hospice beds will be allocated 130 beds.

1215 (iv) Ventilator-dependent beds will be allocated 179 beds.

1216 (b) The following historical categories have been allocated 849 beds. Additional beds shall not be  
1217 allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be  
1218 eliminated and not be returned to the statewide pool for special population groups.

1219 (i) Alzheimer's disease has 384 beds.

1220 (ii) Health care needs for skilled nursing care has 173 beds.

1221 (iii) Religious has 292 beds.

1222 (c) The number of beds set aside from the total statewide pool established for categories in  
1223 subsection (1)(a) for a special population group shall be reduced if there has been no CON activity for that  
1224 special population group during at least 6 consecutive application periods.

1225 (i) The number of beds in a special population group shall be reduced to the total number of beds  
1226 for which a valid CON has been issued for that special population group.

1227 (ii) The number of beds reduced from a special population group pursuant to this subsection shall  
1228 revert to the total statewide pool established for categories in subsection (1)(a).

1229 (iii) The Department shall notify the Commission of the date when action to reduce the number of  
1230 beds set aside for a special population group has become effective and shall identify the number of beds  
1231 that reverted to the total statewide pool established for categories in subsection (1)(a).

1232 (iv) For purposes of this subsection, "application period" means the period of time from one  
1233 designated application date to the next subsequent designated application date.

1234 (v) For purposes of this subsection, "CON activity" means one or more of the following:

1235 (A) CON applications for beds for a special population group have been submitted to the  
1236 Department for which either a proposed or final decision has not yet been issued by the Department.

1237 (B) Administrative hearings or appeals to court of decisions issued on CON applications for beds for  
1238 a special population group are pending resolution.

1239 (C) An approved CON for beds for each special population group has expired for lack of appropriate  
1240 action by an applicant to implement an approved CON.

1241 (d) By setting aside these beds from the total statewide pool, the Commission's action applies only  
1242 to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not  
1243 preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or  
1244 other health care settings in compliance with applicable statutory or certification requirements.

1245 (2) Increases in nursing home beds approved under this addendum for special population groups  
1246 shall not cause planning areas currently showing an unmet bed need to have that need reduced or  
1247 planning areas showing a current surplus of beds to have that surplus increased.  
1248  
1249

1250 **Section 4. Requirements for approval for beds from the statewide pool for special population**  
1251 **groups allocated to TBI/SCI patients**  
1252

1253 Sec. 4. The CON Commission determines there is a need for beds for applications designed to  
1254 determine the efficiency and effectiveness of specialized programs for the care and treatment of TBI/SCI  
1255 patients as compared to serving these needs in general nursing home unit(s).  
1256

1257 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1258 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the  
1259 satisfaction of the Department each of the following:

1260 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At  
1261 the time an application is submitted, the applicant shall demonstrate that it operates:

1262 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI  
1263 patients; and

1264 (ii) A transitional living program or contracts with an organization that operates a transitional living  
1265 program and rehabilitative care for TBI/SCI patients.

1266 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential  
1267 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-  
1268 recognized accreditation organization for rehabilitative care and services.

1269 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another  
1270 nationally-recognized accreditation organization for the nursing home beds proposed under this  
1271 subsection.

1272 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated  
1273 under this subsection that provides for:

1274 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1275 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of  
1276 TBI/SCI patients.

1277 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised  
1278 activity.

1279 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for  
1280 TBI/SCI patients of various ages.

1281 (2) Beds approved under this subsection shall not be converted to general nursing home use  
1282 without a CON for nursing home and hospital long-term care unit beds under the CON review standards  
1283 for nursing home and hospital long-term care unit beds and shall not be offered to individuals other than  
1284 TBI/SCI patients.  
1285  
1286

1287 **Section 5. Requirements for approval for beds from the statewide pool for special population**  
1288 **groups allocated to behavioral patients**  
1289

1290 Sec. 5. The CON Commission determines there is a need for beds for applications designed to  
1291 determine the efficiency and effectiveness of specialized programs for the care and treatment of  
1292 behavioral patients as compared to serving these needs in general nursing home unit(s).

1293 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1294 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the  
1295 satisfaction of the Department each of the following:

1296 (a) Individual units shall consist of 20 beds or less per unit.

1297 (b) The facility shall not be awarded more than 40 beds.

1298 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised  
1299 activity.

1300 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely  
1301 for the use of the behavioral patients.

1302 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to  
1303 promote visual and spatial orientation.

1304 (f) Staff will be specially trained in treatment of behavioral patients.

1305  
1306 (2) Beds approved under this subsection shall not be converted to general nursing home use  
1307 without a CON for nursing home and hospital long-term care unit beds under the CON Review Standards  
1308 for Nursing Home and Hospital Long-term Care Unit Beds.

1309  
1310 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1311 Medicaid.

1312  
1313 **Section 6. Requirements for approval for beds from the statewide pool for special population**  
1314 **groups allocated to hospice patients**

1315  
1316 Sec. 6. The CON Commission determines there is a need for beds for patients requiring both  
1317 hospice and long-term nursing care services within the long-term care and nursing home populations.

1318  
1319 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1320 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the  
1321 satisfaction of the Department, each of the following:

1322 (a) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal  
1323 Regulations, Title 42, Chapter IV, Subpart B (Medicare programs), Part 418 and shall have been a  
1324 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted to  
1325 the Department.

1326 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an  
1327 application is submitted to the Department for which verifiable data are available to the Department, at  
1328 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice  
1329 were provided in a private residence.

1330 (c) An application shall propose 30 beds or less.

1331 (d) An applicant for beds from the special statewide pool of beds shall not be approved if any  
1332 application for beds in that same planning area has been approved from the special statewide pool of  
1333 beds allocated for hospice.

1334  
1335 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1336 Medicaid.

1337  
1338 **Section 7. Requirements for approval for beds from the statewide pool for special population**  
1339 **groups allocated to ventilator-dependent patients**

1340  
1341 Sec. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients  
1342 within the long-term care and nursing home populations

1343  
1344 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1345 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the  
1346 satisfaction of the Department, each of the following:

1347 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed nursing  
1348 home beds.

1349 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.

1350 (c) The proposed unit will serve only ventilator-dependent patients.

1351  
1352 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1353 Medicaid.

1354

1355 **Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum**  
1356

1357 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1358 special population groups allocated to religious shall meet the following:

1359 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a  
1360 recognized religious organization, denomination or federation as evidenced by documentation of its  
1361 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the  
1362 United States Internal Revenue Code.

1363 (b) The applicant's patient population includes a majority of members of the religious organization  
1364 or denomination represented by the sponsoring organization.

1365 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of  
1366 a specific religion, denomination or order, including unique dietary requirements, or other unique religious  
1367 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

1368 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1369 Medicaid.

1370  
1371 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1372 special population groups allocated to TBI/SCI shall meet the following:

1373 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At  
1374 the time an application is submitted, the applicant shall demonstrate that it operates:

1375 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI  
1376 patients; and

1377 (ii) a transitional living program or contracts with an organization that operates a transitional living  
1378 program and rehabilitative care for TBI/SCI patients.

1379 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential  
1380 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-  
1381 recognized accreditation organization for rehabilitative care and services.

1382 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another  
1383 nationally-recognized accreditation organization for the nursing home beds proposed under this  
1384 subsection.

1385 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated  
1386 under this subsection that provides for:

1387 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1388 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of  
1389 TBI/SCI patients.

1390 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised  
1391 activity.

1392 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for  
1393 TBI/SCI patients of various ages.

1394  
1395 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1396 special population groups allocated to Alzheimer's disease shall meet the following:

1397 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat  
1398 only patients which require long-term nursing care and have been appropriately classified as a patient on  
1399 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a  
1400 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1401 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1402 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing  
1403 home and be no larger than 20 beds in size.

1404 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at the  
1405 health facility, appropriate for unsupervised activity.

1406 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area  
1407 which is solely for the use of the Alzheimer's unit patients.

1408 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light  
1409 reflections to promote visual and spatial orientation.

- 1410 (g) Staff will be specially trained in Alzheimer's disease treatment.  
 1411 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1412 Medicaid.  
 1413  
 1414 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
 1415 special population groups allocated to behavioral patients shall meet the following:  
 1416 (a) Individual units shall consist of 20 beds or less per unit.  
 1417 (b) The facility shall not be awarded more than 40 beds.  
 1418 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised  
 1419 activity.  
 1420 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely  
 1421 for the use of the behavioral patients.  
 1422 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to  
 1423 promote visual and spatial orientation.  
 1424 (f) Staff will be specially trained in treatment of behavioral patients.  
 1425 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1426 Medicaid.  
 1427  
 1428 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
 1429 special population groups allocated to hospice shall meet the following:  
 1430 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal  
 1431 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a  
 1432 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted to  
 1433 the Department.  
 1434 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an  
 1435 application is submitted to the Department for which verifiable data are available to the Department, at  
 1436 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice  
 1437 were provided in a private residence.  
 1438 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1439 Medicaid.  
 1440  
 1441 (6) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
 1442 special population groups allocated to ventilator-dependent patients shall meet the following:  
 1443 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed nursing  
 1444 home beds.  
 1445 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.  
 1446 (c) The proposed unit will serve only ventilator-dependent patients.  
 1447 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
 1448 Medicaid.  
 1449

1450 **Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**  
 1451 **under Section 3(1) of this addendum**  
 1452

1453 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance  
 1454 with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-  
 1455 term Care Unit Beds.  
 1456

1457 (2) An applicant for beds from the statewide pool for special population groups allocated to religious  
 1458 shall agree that, if approved, the services provided by the specialized long-term care beds shall be  
 1459 delivered in compliance with the following term of CON approval:

1460 (a) The applicant shall document, at the end of the third year following initiation of beds approved  
 1461 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the  
 1462 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its  
 1463 average daily census for the third full year of operation.  
 1464

- 1465 (3) An applicant for beds from the statewide pool for special population groups allocated to  
1466 Alzheimer's disease shall agree that if approved:  
1467
- 1468 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat  
1469 only patients which require long-term nursing care and have been appropriately classified as a patient on  
1470 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a  
1471 level 4 (when accompanied by continuous nursing needs), 5, or 6.
  - 1472 (b) The specialized program will participate in the state registry for Alzheimer's disease.
  - 1473 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing  
1474 home and be no larger than 20 beds in size.
  - 1475 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at the  
1476 health facility, appropriate for unsupervised activity.
  - 1477 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area  
1478 which is solely for the use of the Alzheimer's unit patients.
  - 1479 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light  
1480 reflections to promote visual and spatial orientation.
  - 1481 (g) Staff will be specially trained in Alzheimer's disease treatment.  
1482
- 1483 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice  
1484 shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in  
1485 accordance with the following CON terms of approval.
- 1486 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish  
1487 and maintain the ability to provide, either directly or through contractual arrangements, hospice services  
1488 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.
  - 1489 (b) The proposed project shall be designed to promote a home-like atmosphere that includes  
1490 accommodations for family members to have overnight stays and participate in family meals at the  
1491 applicant facility.
  - 1492 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive,  
1493 has AIDS or has AIDS related complex.
  - 1494 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or  
1495 have AIDS related complex in nursing home beds.
  - 1496 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in  
1497 nursing home beds.
  - 1498 (f) Nursing home beds shall only be used to provide services to individuals suffering from a  
1499 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being  
1500 Section 333.21417 of the Michigan Compiled Laws.
  - 1501 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not  
1502 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled  
1503 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.
  - 1504 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section  
1505 333.21401 et seq. of the Michigan Compiled Laws.
  - 1506 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided  
1507 by the applicant hospice to all of its clients will be provided in a private residence.  
1508
- 1509 (5) An applicant for beds from the statewide pool for special population groups allocated to  
1510 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection  
1511 shall be operated in accordance with the following CON terms of approval.
- 1512 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been  
1513 trained in the care and treatment of ventilator-dependent patients and includes at least the following:  
1514 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-  
1515 dependent patients.
  - 1516 (ii) A program director that is a registered nurse.
  - 1517 (b) An applicant shall make provisions, either directly or through contractual arrangements, for at  
1518 least the following services:  
1519 (i) respiratory therapy.

- 1520 (ii) occupational and physical therapy.
- 1521 (iii) psychological services.
- 1522 (iv) family and patient teaching activities.
- 1523 (c) An applicant shall establish and maintain written policies and procedures for each of the
- 1524 following:
- 1525 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
- 1526 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the
- 1527 amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary
- 1528 services.
- 1529 (ii) The transfer of patients requiring care at other health care facilities.
- 1530 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
- 1531 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.
- 1532 (iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,
- 1533 being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.
- 1534 (v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.
- 1535 (d) An applicant shall establish and maintain an organized infection control program that has written
- 1536 policies for each of the following:
- 1537 (i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and
- 1538 frequency of tube changes.
- 1539 (ii) placement and care of urinary catheters.
- 1540 (iii) care and use of thermometers.
- 1541 (iv) care and use of tracheostomy devices.
- 1542 (v) employee personal hygiene.
- 1543 (vi) aseptic technique.
- 1544 (vii) care and use of respiratory therapy and related equipment.
- 1545 (viii) isolation techniques and procedures.
- 1546 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at
- 1547 least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,
- 1548 and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.
- 1549 This subsection does not require a separate committee, if an applicant organization has a standing
- 1550 infection control committee and that committee's charge is amended to include a specific focus on the
- 1551 ventilator-dependent unit.
- 1552 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the
- 1553 immediate vicinity of the unit.
- 1554 (g) An applicant shall agree that the beds will not be used to service individuals that are not
- 1555 ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to
- 1556 applicable CON review standards.
- 1557 (h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result
- 1558 from providing services to ventilator-dependent patients in a hospital.
- 1559
- 1560 (6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI
- 1561 patients shall agree that if approved:
- 1562 (a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been
- 1563 trained in the care and treatment of such individuals and includes at least the following:
- 1564 (i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI
- 1565 patients.
- 1566 (ii) A program director that is a registered nurse.
- 1567 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.
- 1568 (b) An applicant shall establish and maintain written policies and procedures for each of the
- 1569 following:
- 1570 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
- 1571 appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the
- 1572 required medical stability and the need for ancillary services, including dialysis services.

- 1573 (ii) The transfer of patients requiring care at other health care facilities, including a transfer  
1574 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to  
1575 any patient who requires such care.
- 1576 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment  
1577 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,  
1578 including support services to be provided by transitional living programs or other outpatient programs or  
1579 services offered as part of a continuum of care to TBI patients by the applicant.
- 1580 (iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of  
1581 patient care, rates of utilization and other considerations generally accepted as appropriate for review.
- 1582 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI  
1583 patients meet professional recognized standards of health care for providers of such services and that  
1584 such services were reasonable and medically appropriate to the clinical condition of the TBI patient  
1585 receiving such services.
- 1586
- 1587 (7) An applicant for beds from the statewide pool for special population groups allocated to  
1588 behavioral patients shall agree that if approved:
- 1589 (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been  
1590 trained in the care and treatment of such individuals and includes at least the following:
- 1591 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral  
1592 patients.
- 1593 (ii) A program director that is a registered nurse.
- 1594 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.
- 1595 (b) An applicant shall establish and maintain written policies and procedures for each of the  
1596 following:
- 1597 (i) Patient admission criteria that describe minimum and maximum characteristics for patients  
1598 appropriate for admission to the unit for behavioral patients.
- 1599 (ii) The transfer of patients requiring care at other health care facilities, including a transfer  
1600 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to  
1601 any patient who requires such care.
- 1602 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of  
1603 patient care, rates of utilization and other considerations generally accepted as appropriate for review.
- 1604 (iv) quality assurance and assessment program to assure that services furnished to behavioral  
1605 patients meet professional recognized standards of health care for providers of such services and that  
1606 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient  
1607 receiving such services.
- 1608 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines,  
1609 specialized communication, and patient safety.

1610  
1611 **Section 10. Comparative reviews, effect on prior CON review standards**  
1612

1613 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be  
1614 subject to comparative review on a statewide basis.

1615  
1616 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject  
1617 to comparative review on a statewide basis.

1618  
1619 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject  
1620 to comparative review on a statewide basis.

1621  
1622 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject  
1623 to comparative review on a statewide basis.

1624  
1625 (5) These CON review standards supercede and replace the CON Review Standards for Nursing  
1626 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the  
1627 Commission on March 11, 2008 and effective on June 2, 2008.

