

# Certificate of Need NH/HLTCU Workgroup

## Summary of May 14, 2014 Meeting

<b>I.</b>	<b>Call to order</b>
	Chair, Karen Messick, called the meeting to order at 1:34 pm. See separate attendance sheet for participants. The summary of the April 8, 2014 meeting of the Workgroup was reviewed by the Workgroup participants and approved.
<b>II.</b>	<b>Brief update and decision re: <u>new</u> Section 10 (12), page 18 “technology feature”</b>
	<ul style="list-style-type: none"> <li>• 10(12) It was decided by consensus of the workgroup to delete the issue regarding facility design beyond the minimum standards by --% for the provision of therapy services. Ms. Pat Anderson stated that per Jim Scott (LARA) there is not a base number for therapy space.</li> <li>• It was decided by consensus of the group to add language regarding a backup generator supporting all functions with an on-site fuel supply capable of providing at least 48 hours of service at full load.</li> <li>• The group decided to change the title of this section to read Innovations.</li> </ul>
<b>III.</b>	<b>Update on <u>new</u> Section 7(3)(c) regarding the implications of proposed language by D. Stobb from 4/8 meeting</b>
	<ul style="list-style-type: none"> <li>• Section 7(3)(c), MDCH reported to the group that in regards to line 522 7(3)(c) (i) we need to keep the first sentence illustrating that the proposed site for the replacement beds in in the same planning area and delete the remaining.</li> <li>• Additionally, MDCH reported on the language presented by David Stobb, Ciena Healthcare at the April 8 workgroup meeting. The department advised that the requested language cannot be drafted within the NH-LTCU language as presented. The requested language is in conflict with the Administrative Rules 325.9413, which states “<i>an amendment cannot change the site of an approved health facility or covered clinical service</i>”.</li> </ul>
<b>IV.</b>	<b>Discuss and decide comparative review points for each subsection of Section 10 &amp; go through the standards section by section</b>
	<ul style="list-style-type: none"> <li>• Line 130 within Section 2(y) line 130; add ‘existing’ to definition of relocation of existing beds.</li> <li>• Add outstanding debt to the definitions within Section 2.</li> <li>• Section 6, Ms. Anderson stated that the data referred to within Section 6(1)(a)(iv) is incorrect and outdated data for the statewide average. The workgroup recommended internal discussions within the department as well as public discussion to the Commission about the failure of the Department of Licensing and Regulatory Affairs (LARA) to provide the correct data to the department (DCH).</li> <li>• Change the Department reference to Bureau of Health Systems listed throughout the standards.</li> <li>• Change the language within Section 7(3)(b) to reflect the changes made in Section 10.</li> </ul>

# Certificate of Need NH/HLTCU Workgroup

## Summary of May 14, 2014 Meeting

	<ul style="list-style-type: none"><li>• Section 8 delete the seven year restriction from relocated NH-LTCU beds (lines 552-553).</li><li>• Section 6(1) (d)(ii); 12 quarters will be referred to as 3 years and instead of basing average occupancy rate on the Department's "Staffing/Bed Utilization Ratios Report", the standards will require the applicant to use the CON Annual Survey. (Make change throughout the standards.)</li><li>• Section 10 (7) updated the language to clarify based on Jim Scott's (LARA) recommendations.</li><li>• Section 10 (8) added '<i>in total</i>' after "<i>fewer beds.</i>"</li><li>• Change line 784 Section 10(10) to read as follows: A qualifying project will be awarded 10 points if the existing '<i>and proposed will have no more than double occupancy at the completion of the project</i>'.</li><li>• Section 10(12) - The consensus of the group was to leave a place holder in the standards for Bariatric rooms. Ms. Anderson and Ms. Rosenthal will check with Jim Scot (LARA), to confirm sufficient room space for required equipment and beds.</li><li>• Section 11 (6)- The consensus of the group was to add language emphasizing that if an applicant is awarded beds pursuant to Section 10 (comparative review) and representations made in that section, the department shall monitor compliance with those statements and representations and shall determine actions for non-compliance.</li><li>• Please see attached updated comparative Review chart for point changes.</li></ul>
<b>V.</b>	<b>Comments, final changes to CON Standards regarding workgroup recommendations and technical edits</b>
	<ul style="list-style-type: none"><li>• Ms. Messick suggested that everyone within the workgroup review the proposed language and email the department or herself, with any recommended changes outside of the charge.</li></ul>

Prepared and respectfully submitted by Natalie Kellogg, MDCH

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**  
5

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

10 **Section 1. Applicability**

11  
12 Sec. 1. (1) These standards are requirements for approval ~~and delivery of nursing homes and~~  
13 ~~HLTCU services~~ under Part 222 of the Code THAT INVOLVE A) BEGINNING OPERATION OF A NEW  
14 NURSING HOME/HLTCU, (B) REPLACING BEDS IN A NURSING HOME/HLTCU OR PHYSICALLY  
15 RELOCATING NURSING HOME/HLTCU BEDS FROM ONE LICENSED SITE TO ANOTHER  
16 GEOGRAPHIC LOCATION, (C) INCREASING LICENSED BEDS IN A NURSING HOME/HLTCU –A  
17 ~~nursing home~~ licensed under Part 217 and a HLTCU defined in Section 20106(6), OR (D) ACQUIRING A  
18 NURSING HOME/HLTCU. PURSUANT TO THE CODE, A NURSING HOME/HLTCU ~~are~~ IS A covered  
19 health ~~facilities facility for purposes of Part 222 of the Code~~. The Department shall use these standards in  
20 applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and  
21 Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.  
22

23 (2) AN INCREASE IN LICENSED NURSING HOME/HLTCU BEDS IS A CHANGE IN BED  
24 CAPACITY FOR PURPOSES OF PART 222 OF THE CODE.  
25

26 (3) THE PHYSICAL RELOCATION OF NURSING HOME/HLTCU BEDS FROM A LICENSED SITE  
27 TO ANOTHER GEOGRAPHIC LOCATION IS A CHANGE IN BED CAPACITY FOR PURPOSES OF  
28 PART 222 OF THE CODE.  
29

30 **Section 2. Definitions**

31  
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. IF THE PROJECT INCLUDES SPACE  
43 LEASE COSTS, THE APPLICANT'S CASH INCLUDES THE CONTRIBUTION DESIGNATED FOR THE  
44 PROJECT FROM THE LANDLORD.

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

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

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

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

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

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

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

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

69 (l) "Existing nursing home beds" means, for a specific planning area, the total of all nursing home  
70 beds located within the planning area including: (i) licensed nursing home beds, (ii) nursing home beds  
71 approved by a valid CON issued under Part 222 of the Code which are not yet licensed, (iii) proposed  
72 nursing home beds under appeal from a final Department decision made under Part 222 or pending a  
73 hearing from a proposed decision issued under Part 222 of the Code, and (iv) proposed nursing home  
74 beds that are part of a completed application under Part 222 of the Code which is pending final  
75 Department decision. (a) Nursing home beds approved from the statewide pool are excluded; and (b)  
76 short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section  
77 333.22210 of the Michigan Compiled Laws, are excluded.

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

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

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

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

87 (q) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 TO  
88 1396G and 1396r-8 to 1396v1396U.

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

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

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

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

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

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

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

119 (v) "OUTSTANDING DEBT" MEANS DELINQUENT AND UNCONTESTED

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

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

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

132 (aay) "Relocation of existing nursing home/HLTCU beds" means a change in the location of existing  
133 nursing home/HLTCU beds from the licensed site to a different EXISTING licensed site within the planning  
134 area.

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

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

142 (ddb) "Replacement zone" means a proposed licensed site that is,

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

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

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

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

148 ~~(ee) "Rural county" means a county not located in a metropolitan statistical area or micropolitan  
149 statistical areas as these terms are defined under the "standards for defining metropolitan and  
150 micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of  
151 the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as  
152 shown in Appendix C.~~

153 | ~~(f)(c)~~ "Staffing/Bed Utilization Ratios Report" means the report issued by the Department on a  
154 | quarterly basis.

155 | (ggdd) "Use rate" means the number of nursing home and hospital long-term-care unit days of care per  
156 | 1,000 population during a one-year period.

157 |  
158 | (2) The definitions in Part 222 of the Code shall apply to these standards.

### 159 | **Section 3. Determination of needed nursing home bed supply**

160 |  
161 |  
162 | Sec. 3 (1)(a) The age specific use rates for the planning year shall be the actual statewide age  
163 | specific nursing home use rates using data from the base year.

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

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

169 |  
170 | (2) The number of nursing home beds needed in a planning area shall be determined by the  
171 | following formula:

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

174 | (b) Multiply each population age cohort by the corresponding use rate established in Appendix AB.

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

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

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

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

### 184 | **Section 4. Bed need**

185 |  
186 |  
187 | Sec. 4. (1) The bed need numbers ~~shown in Appendix B and incorporated as part of these~~  
188 | ~~standards~~ shall apply to project applications subject to review under these standards, except where a  
189 | specific CON standard states otherwise.

190 |  
191 | (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis.

192 |  
193 | (3) The base year and the planning year that shall be utilized in applying the methodology pursuant  
194 | to subsection (2) shall be set according to the most recent data available to the Department.

195 |  
196 | (4) The effective date of the bed need numbers shall be established by the Commission.

197 |  
198 | (5) New bed need numbers established by subsections (2) and (3) shall supersede ~~the PREVIOUS~~  
199 | ~~bed need numbers shown in Appendix B and shall be included as an amended appendix to these~~  
200 | ~~standards~~ POSTED ON THE STATE OF MICHIGAN CON WEB SITE AS PART OF THE NURSING  
201 | HOME/HLTCU BED INVENTORY.



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

206  
207 **Section 5. Modification of the age specific use rates by changing the base year**

208  
209 Sec. 5. (1) The base year shall be modified based on data obtained from the Department and  
210 presented to the Commission. The Department shall calculate use rates for each of the age cohorts set  
211 forth in Section 3(1)(b) and biennially present the revised use rates based on 2006 information, or the  
212 most recent base year information available biennially after 2006, to the CON Commission.

213  
214 (2) The Commission shall establish the effective date of the modifications made pursuant to  
215 subsection (1).

216  
217 (3) Modifications made by the Commission pursuant to subsection (1) shall not require standard  
218 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the  
219 Governor in order to become effective.

220  
221 **Section 6. Requirements for approval to increase beds in a planning area**

222  
223 Sec. 6. An applicant proposing to increase the number of nursing home beds in a planning area  
224 must meet the following as applicable:

225  
226 (1) An applicant proposing to increase the number of nursing home beds in a planning area by  
227 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing  
228 licensed nursing home/HLTCU shall demonstrate the following:

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

232

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

233  
234 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
235 receivership within the last three years, or from the change of ownership date if the facility has come  
236 under common ownership or control within 24 months of the date of the application.

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

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

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

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

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

252 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment  
253 | Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil  
254 Monetary Penalties (CMP).

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

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

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

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

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

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

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

293 (A) The planning area in which the beds will be located shall have a population density of less than  
294 | 28 individuals per square mile based on the 2000-2010 U.S. Census figures as set forth in Appendix DE.



295 (B) The applicant facility has experienced an average occupancy rate of 92% for the most recent 24  
 296 months **TWO YEARS** based on the Department's "Staffing/Bed Utilization Ratios Report," **CON ANNUAL**  
 297 **SURVEY**  
 298

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

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

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

306 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or  
 307 receivership within the last three years, or from the change of ownership date if the facility has come  
 308 under common ownership or control within 24 months of the date of the application.  
 309

310 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the  
 311 facility has come under common ownership or control within 24 months of the date of the application.  
 312

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

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

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

326 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment  
 327 Program (QAAP), **PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)** or Civil  
 328 Monetary Penalties (CMP).

329 (b) The proposed project results in no more than 100 beds per new design model and meets the  
 330 following design standards:

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

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

- 338 (A) at least 100% of all resident sleeping rooms shall meet barrier free requirements;  
339 (B) electronic nurse call systems shall be required in all facilities;  
340 (C) handrails shall be required on both sides of patient corridors; and  
341 (D) ceiling heights shall be a minimum of 7 feet 10 inches.  
342 (iii) The proposed project shall comply with applicable life safety code requirements and shall be  
343 fully sprinkled and air conditioned.  
344 (iv) The Department may waive construction requirements for new design model projects if  
345 authorized by law.  
346 (c) The proposed project shall include at least 80% single occupancy resident rooms EACH with an  
347 adjoining bathroom DEDICATED TOILET ROOM CONTAINING A SINK, WATER CLOSET, AND  
348 SHOWER AND serving no more than two residents in both the central support inpatient facility and any  
349 supported small resident housing units.  
350 (d) The proposed increase, if approved, will not result in the total number of existing nursing home  
351 beds in that planning area exceeding the needed nursing home bed supply set forth in Appendix B, unless  
352 the following is met:  
353 (i) An approved project involves replacement of a portion of the beds of an existing facility at a  
354 geographic location within the replacement zone that is not physically connected to the current licensed  
355 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate  
356 license shall be issued to the facility at the new location.  
357 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
358 been submitted and approved by the Bureau of Health Systems CARE SERVICES within the  
359 Department LARA. Code deficiencies include any unresolved deficiencies still outstanding with the  
360 Department.

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

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

- ~~— (a) An existing nursing home may relocate no more than 50% of its beds to another existing nursing home, and an existing HLTCU may relocate all or a portion of its beds to another existing nursing home/HLTCU.~~
- ~~— (b) The nursing home/HLTCU from which the beds are being relocated and the nursing home/HLTCU receiving the beds shall not require any ownership relationship.~~
- ~~— (c) The nursing home/HLTCU from which the beds are being relocated and the nursing home/HLTCU receiving the beds must be located in the same planning area.~~
- ~~— (d) The nursing home/HLTCU from which the beds are being relocated has not relocated any beds within the last seven (7) years.~~
- ~~— (e) The relocated beds shall be licensed to the receiving nursing home/HLTCU and will be counted in the inventory for the applicable planning area.~~
- ~~— (f) At the time of transfer to the receiving facility, patients in beds to be relocated must be given the choice of remaining in another bed in the nursing home/HLTCU from which the beds are being transferred or to the receiving nursing home/HLTCU. Patients shall not be involuntary discharged to create a vacant bed.~~

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

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

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

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- 391 ~~—— (i) A state enforcement action resulting in a license revocation, reduced license capacity, or~~
- 392 ~~receivership within the last three years, or from the change of ownership date if the facility has come~~
- 393 ~~under common ownership or control within 24 months of the date of the application.~~
- 394 ~~—— (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the~~
- 395 ~~facility has come under common ownership or control within 24 months of the date of the application.~~
- 396 ~~—— (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement~~
- 397 ~~initiated by the Department or licensing and certification agency in another state, within the last three~~
- 398 ~~years, or from the change of ownership date if the facility has come under common ownership or control~~
- 399 ~~within 24 months of the date of the application.~~
- 400 ~~—— (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and~~
- 401 ~~severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated~~
- 402 ~~from the quarter in which the standard survey was completed, in the state in which the nursing~~
- 403 ~~home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all~~
- 404 ~~licensed only facilities on the last two licensing surveys. However, if the facility has come under common~~
- 405 ~~ownership or control within 24 months of the date of the application, the first two licensing surveys as of~~
- 406 ~~the change of ownership date, shall be excluded.~~
- 407 ~~—— (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid~~
- 408 ~~Services.~~
- 409 ~~—— (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment~~
- 410 ~~Program (QAAP) or Civil Monetary Penalties (CMP).~~
- 411 ~~—— (b) The approval of the proposed new nursing home/HLTCU beds shall not result in an increase in~~
- 412 ~~the number of nursing home beds in the planning area.~~
- 413 ~~—— (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has~~
- 414 ~~been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies~~
- 415 ~~include any unresolved deficiencies still outstanding with the Department.~~

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**Section 87. Requirements for approval to replace beds**

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

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

422

(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:

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

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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

- 428
- 429 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
- 430 receivership within the last three years, or from the change of ownership date if the facility has come
- 431 under common ownership or control within 24 months of the date of the application.
- 432 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
- 433 facility has come under common ownership or control within 24 months of the date of the application.
- 434 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
- 435 initiated by the Department or licensing and certification agency in another state, within the last three
- 436 years, or from the change of ownership date if the facility has come under common ownership or control
- 437 within 24 months of the date of the application.
- 438 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
- 439 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
- 440 from the quarter in which the standard survey was completed, in the state in which the nursing
- 441 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
- 442 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
- 443 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
- 444 the change of ownership date, shall be excluded.
- 445 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
- 446 Services.
- 447 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
- 448 Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil
- 449 Monetary Penalties (CMP).
- 450 (b) The proposed project is either to replace the licensed nursing home/HLTCU to a new site or
- 451 replace a portion of the licensed beds at the existing licensed site.
- 452 (c) The proposed site is within the replacement zone.
- 453 (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health
- 454 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978,
- 455 as amended and are published by the Department, will be met when the architectural blueprints are
- 456 submitted for review and approval by the Department.
- 457 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
- 458 been submitted and approved by the Bureau of Health Systems-CARE SERVICES within the
- 459 Department\_ARA. Code deficiencies include any unresolved deficiencies still outstanding with the
- 460 Department.

- 461
- 462 (2) An applicant proposing to replace a licensed nursing home/HLTCU outside the replacement
- 463 zone shall demonstrate all of the following:
- 464 (a) At the time of application, the applicant, as identified in the table, shall provide a report
- 465 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
- 466 nursing homes/HLTCUs:

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

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

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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), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil Monetary Penalties (CMP).
  - (b) The total number of existing nursing home beds in that planning area is equal to or less than the needed nursing home bed supply ~~set forth in Appendix B.~~
  - (c) The number of beds to be replaced is equal to or less than the number of currently licensed beds at the nursing home/HLTCU at which the beds proposed for replacement are currently located.
  - (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978, as amended and are published by the Department, will be met when the architectural blueprints are submitted for review and approval by the Department.
  - (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has been submitted and approved by the Bureau of Health ~~Systems CARE SERVICES~~ within the ~~Department~~ ARA. Code deficiencies include any unresolved deficiencies still outstanding with the Department.
- (3) An applicant proposing to replace beds with a new design model shall not be required to be in compliance with the needed nursing home bed supply ~~set forth in Appendix B~~ if the applicant demonstrates all of the following:
- (a) The proposed project results in no more than 100 beds per new design model and meets the following design standards:
    - (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the construction standards shall be those applicable to nursing homes in the document entitled Minimum Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any future versions.



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

- 516 (a) at least 100% of all resident sleeping rooms shall meet barrier free requirements;
- 517 (b) electronic nurse call systems shall be required in all facilities;
- 518 (c) handrails shall be required on both sides of patient corridors; and
- 519 (d) ceiling heights shall be a minimum of 7 feet 10 inches.

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

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

524 (b) The proposed project shall include at least 80% single occupancy resident rooms EACH with an  
525 adjoining bathroom DEDICATED TOILET ROOM CONTAINING A SINK, WATER CLOSET, AND  
526 SHOWER AND serving no more than two residents in both the central support inpatient facility and any  
527 supported small resident housing units. If the proposed project is for replacement/renovation of an  
528 existing facility and utilizes only a portion of its currently licensed beds, the remaining rooms at the existing  
529 facility shall not exceed double occupancy.

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

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

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

537 (iii) The current patients of the facility/beds being replaced shall be admitted to the replacement  
538 beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the  
539 replacement facility/beds.

540 (d) An approved project may involve replacement of a portion of the beds of an existing facility at a  
541 geographic location within the replacement zone that is not physically connected to the current licensed  
542 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate  
543 license shall be issued to the facility at the new location.

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

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

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

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

557 (ba) THERE SHALL NOT BE ANY OWNERSHIP RELATIONSHIP REQUIREMENTS BETWEEN  
558 the nursing home/HLTCU from which the beds are being relocated and the nursing home/HLTCU  
559 receiving the beds shall not require any ownership relationship.

560 (eb) THE RELOCATED BEDS SHALL BE PLACEDThe nursing home/HLTCU from which the beds  
561 are being relocated and the nursing home/HLTCU receiving the beds must be located in the same  
562 planning area.

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



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

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

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

573  
574 (2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing nursing  
575 home/HLTCU under subsection (1), shall not be required to be in compliance with the needed nursing  
576 home bed supply; if the applicant demonstrates all of the following REQUIREMENTS ARE MET:

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

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

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

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

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

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

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

600 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment  
601 Program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) or Civil  
602 Monetary Penalties (CMP).

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

605 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has  
606 been submitted and approved by the Bureau of Health SystemsCARE SERVICES within the

607 | Department LARA. Code deficiencies include any unresolved deficiencies still outstanding with the  
608 | Department.

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

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

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

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

623 |

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

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

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(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.

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(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.

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(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.

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

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(vi) Outstanding debt obligation to the state of Michigan for quality assurance assessment program (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) OR civil monetary penalties (CMP).

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

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

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

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

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

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

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(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:

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

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

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

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

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

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

(vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment Program (QAAP), **PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)** or Civil Monetary Penalties (CMP).

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

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

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

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

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

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

(c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has been submitted and approved by the Bureau of Health **Systems****CARE SERVICES** within **the**

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

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

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

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

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

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

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

Percentage of Medicaid Patient Days (calculated using total patient days for all existing and proposed beds at the facility)	Points Awarded	
	Current EXISTING	Proposed
20-50 – 69.69%	64	3
60-70 – 100%	108	57

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

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

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

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

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

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

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

752 | ~~(b)~~ has been a special focus nursing home/HLTCU within the last three (3) years;  
 753 | ~~(eb)~~ has had more than eight (8) substandard quality of care citations; immediate harm citations,  
 754 | and/or immediate jeopardy citations in the three (3) most recent standard survey cycles (includes  
 755 | intervening abbreviated surveys, standard surveys, and revisits);  
 756 | ~~(ec)~~ has had an involuntary termination or voluntary termination at the threat of a medical assistance  
 757 | provider enrollment and trading partner agreement within the last three (3) years;  
 758 | ~~(ed)~~ has had a state enforcement action resulting in a reduction in license capacity or a ban on  
 759 | admissions within the last three (3) years; or  
 760 | ~~(fe)~~ has any outstanding debt obligation to the state of Michigan for quality assurance assessment  
 761 | program (QAAP), civil monetary penalties (CMP), Medicaid level of care determination (LOCD), or  
 762 | preadmission screening and annual resident review (PASARR).  
 763 |

764 | ~~(54)~~ A qualifying project will be awarded ~~40~~ **THREE (3)** points if the applicant provides  
 765 | documentation that it participates or ~~five (5) points~~ if it proposes to participate in a culture change model,  
 766 | which contains person centered care, ongoing staff training, and measurements of outcomes. An  
 767 | additional five (5) points will be awarded if the culture change model, either currently used or proposed, is  
 768 | a model approved by the Department.  
 769 |

770 | ~~(65)~~ A qualifying project will be awarded points based on the proposed percentage of the "Applicant's  
 771 | cash" to be applied toward funding the total proposed project cost as follows:  
 772 |

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

773 | ~~(76)~~ A qualifying project will be awarded ~~five (5) points~~ if the existing or proposed nursing  
 774 | home/HLTCU is fully equipped with sprinklers.  
 775 |

776 | ~~(8)~~ A qualifying project will be awarded ~~five~~ **FOUR (4)** points if the **ENTIRE** existing or proposed  
 777 | nursing home/HLTCU is fully equipped with air conditioning **AS DEFINED IN THE MINIMUM DESIGN**  
 778 | **STANDARDS FOR HEALTH CARE FACILITIES IN MICHIGAN AND INCORPORATED BY REFERENCE**  
 779 | **IN SECTION 20145(6) OF THE PUBLIC HEALTH CODE, BEING SECTION 333.20145(6) OF THE**  
 780 | **MICHIGAN COMPILED LAWS OR ANY FUTURE VERSIONS.**  
 781 |

782 | ~~(97)~~ A qualifying project will be awarded points based on the proposed project as follows:  
 783 |

Facility Design	Points Awarded
100% <del>private</del> rooms with <del>adjoining-DEDICATED TOILET ROOM CONTAINING A sink, toilet</del> <b>WATER CLOSET</b> , and shower	<del>106</del> <b>54</b>
<del>100</del> <b>80%</b> private rooms with dedicated <b>TOILET ROOM CONTAINING A SINK, SINK</b> and shared adjoining toilet, <b>sink</b> <b>WATER CLOSET</b> and shower	<del>54</del> <b>3</b>
<del>80%</del> private rooms with dedicated sink, shared adjoining toilet and sink, and central showers with adjoining space for drying and dressing in visual privacy	<del>3</del> <b>2</b>

785 |



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

788  
789 ~~(41) A qualifying project will be awarded five (5) points if the applicant provides its audited financial~~  
790 ~~statements.~~

791  
792 (429) A qualifying project will be awarded five (5) points if the proposed beds will be housed in new  
793 construction.

794  
795 (4310) A qualifying project will be awarded 10 points if the ~~existing AND PROPOSED ENTIRE~~ nursing  
796 home/HLTCU ~~AND PROPOSED PROJECT~~ eliminates all of its 3- and 4-bed wards ~~WILL HAVE NO MORE~~  
797 ~~THAN DOUBLE OCCUPANCY ROOMS AT COMPLETION OF THE PROJECT.~~

798  
799 (4411) A qualifying project will be awarded ~~5-TWO (2)~~ points if the existing or proposed nursing  
800 home/HLTCU is on or readily accessible to an existing or proposed public transportation route.

801  
802 (4512) A qualifying project will be awarded ~~no more than four (4)~~ points for technological innovation as  
803 follows:  
804

<b>Technology Feature/INNOVATIONS</b>	Points Awarded
<del>WIRELESS NURSE CALL/PAGING SYSTEM INCLUDING WIRELESS DEVICES CARRIED BY DIRECT CARE STAFF</del> Electronic health record and computer point-of-service entry capability (including wireless tablets)	<b>1</b>
<del>WIRELESS INTERNET WITH RESIDENT ACCESS TO RELATED EQUIPMENT/DEVICE IN ENTIRE FACILITY</del> Wireless nurse call/paging system including wireless devices carried by direct care staff	<b>1</b>
<del>AN INTEGRATED ELECTRONIC MEDICAL RECORDS SYSTEM WITH POINT-OF-SERVICE ACCESS CAPABILITY (INCLUDING WIRELESS DEVICES) FOR ALL DISCIPLINES INCLUDING PHARMACY, PHYSICIAN, NURSING, AND THERAPY SERVICES</del> <b>AT THE EXISTING AND PROPOSED NURSING HOME/HLTCU</b> Wireless internet in total existing and proposed facility	<b>14</b>
<del>THE PROPOSED PROJECT INCLUDES BARIATRIC ROOMS AS FOLLOWS: PROJECT USING 0 – 49 BEDS WILL RESULT IN AT LEAST 1 BARIATRIC ROOM OR PROJECT USING 50 OR MORE BEDS WILL RESULT IN AT LEAST 2 BARIATRIC ROOMS (BARIATRIC ROOM MEANS THE CREATION OF PATIENT ROOM(S) INCLUDED AS PART OF THE CON PROJECT, AND IDENTIFIED ON THE ARCHITECTURAL SCHEMATICS, THAT ARE DESIGNED TO ACCOMMODATE THE NEEDS OF BARIATRIC PATIENTS WEIGHING OVER 400 POUNDS. THE BARIATRIC PATIENT ROOMS SHALL HAVE A LARGER ROOM AND BATHROOM ENTRANCE WIDTH TO ACCOMMODATE OVER-SIZED EQUIPMENT AND SHALL INCLUDE A MINIMUM OF A BARIATRIC BED, BARIATRIC TOILET, BARIATRIC WHEELCHAIR,</del>	<b>13</b>

<p>AND A DEVICE TO ASSIST RESIDENT MOVEMENT (SUCH AS A PORTABLE OR BUILT IN LIFT). IF AN IN-ROOM SHOWER IS NOT INCLUDED IN THE BARIATRIC PATIENT ROOM, THE MAIN/CENTRAL SHOWER ROOM THAT IS LOCATED ON THE SAME FLOOR AS THE BARIATRIC PATIENT ROOM(S) SHALL INCLUDE AT LEAST ONE SHOWER STALL THAT HAS AN OPENING WIDTH AND DEPTH THAT IS LARGER THAN MINIMUM MI CODE REQUIREMENTS.] Computer stations or internet cafes for resident use</p>	
<p>THE PROPOSED PROJECT WILL HAVE A BACKUP GENERATOR SUPPORTING ALL FUNCTIONS WITH AN ON-SITE FUEL SUPPLY CAPABLE OF PROVIDING AT LEAST 48 HOURS OF SERVICE AT FULL LOAD</p>	4

805  
806 | (4613) Submission of conflicting information in this section may result in a lower point award. If an  
807 application contains conflicting information which could result in a different point value being awarded in  
808 this section, the Department will award points based on the lower point value that could be awarded from  
809 the conflicting information. For example, if submitted information would result in 6 points being awarded,  
810 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If  
811 the conflicting information does not affect the point value, the Department will award points accordingly.  
812 For example, if submitted information would result in 12 points being awarded and other conflicting  
813 information would also result in 12 points being awarded, then 12 points will be awarded.

814  
815 | (4714) The Department shall approve those qualifying projects which, when taken together, do not  
816 exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan  
817 Compiled Laws, and which have the highest number of points when the results of subsections (2) through  
818 | (4512) are totaled. If two or more qualifying projects are determined to have an identical number of points,  
819 then the Department shall approve those qualifying projects which, when taken together, do not exceed  
820 the need, as defined in Section 22225(1), in the order in which the applications were received by the  
821 Department, based on the date and time stamp on the application when the application is filed.

822  
823 | **Section 11. Project delivery requirements --AND terms of approval for all applicants**

824  
825 | Sec. 11. (4) An applicant shall agree that, if approved, the project NURSING HOME/HLTCU  
826 SERVICES shall be delivered in compliance with the following terms of CON approval:

827  
828 | (a1) Compliance with these standards, including the requirements of Section 10. IF AN APPLICANT  
829 IS AWARDED BEDS PURSUANT TO SECTION 10 AND REPRESENTATIONS MADE IN THAT  
830 SECTION, THE DEPARTMENT SHALL MONITOR COMPLIANCE WITH THOSE STATEMENTS AND  
831 REPRESENTATIONS AND SHALL DETERMINE ACTIONS FOR NON-COMPLIANCE

832  
833 | (b2) COMPLIANCE WITH THE FOLLOWING APPLICABLE QUALITY ASSURANCE STANDARDS:

834  
835 | (a) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's  
836 actual Medicaid participation within the time periods specified in these standards. Compliance with  
837 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's actual  
838 patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable  
839 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative  
840 review process. If any of the following occurs, an applicant shall be required to be in compliance with the  
841 range in the schedule immediately below the range for which points had been awarded in Section

842 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in  
843 order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid  
844 recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between  
845 the second 12 months of operation after project completion and the most recent 12-month period for  
846 which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement  
847 to the applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs  
848 as defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security  
849 Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's  
850 patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed  
851 nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days  
852 reimbursed by Medicaid for the most recent year for which data are available from the Michigan  
853 Department of Community Health [subsection (iii) is applicable only to Section 10(2)(a)]. In evaluating  
854 subsection (ii), the Department shall rely on both the annual inflation index and the actual rate increases in  
855 per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing homes/HLTCUs in the  
856 HSA.

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

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

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

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

866 (iid) The applicant will assure compliance with Section 20201 of the Code, being Section 333.20201  
867 of the Michigan Compiled Laws.

868

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

870

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

873 (i) NOT DENY SERVICES TO ANY INDIVIDUAL BASED ON **ABILITY TO PAYOR OR SOURCE**  
874 **OF PAYMENT.**

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

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

879

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

881

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

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

892

893 | (~~25~~) An applicant shall agree that, if approved, and material discrepancies are later determined  
894 within the reporting of the ownership and citation history of the applicant facility and all nursing homes  
895 under common ownership and control that would have resulted in a denial of the application, shall  
896 surrender the CON. This does not preclude an applicant from reapplying with corrected information at a  
897 later date.

898  
899 | (~~36~~) The agreements and assurances required by this section shall be in the form of a certification  
900 agreed to by the applicant or its authorized agent.

901  
902 **Section 12. Department inventory of beds**

903  
904 Sec. 12. The Department shall maintain a listing of the Department Inventory of Beds for each  
905 planning area.

906  
907 **Section 13. Wayne County planning areas**

908  
909 Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are  
910 assigned to the planning areas as follows:

911  
912 Planning Area 84/Northwest Wayne

913  
914 Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville  
915 Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland

916  
917

918 Planning area 85/Southwest Wayne

919  
920 Allen Park, Belleville, Brownstown Township, Ecorse, Flat Rock, Gibraltar, Grosse Ile Township, Huron  
921 Township, Lincoln Park, Melvindale, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter  
922 Township, Taylor, Trenton, Van Buren Township, Woodhaven, Wyandotte

923  
924 Planning area 86/Detroit

925  
926 Detroit, Grosse Pointe, Grosse Pointe Township, Grosse Pointe Farms, Grosse Pointe Park, Grosse  
927 Pointe Woods, Hamtramck, Harper Woods, Highland Park

928  
929 **Section 14. Health Service Areas**

930  
931 ~~Sec. 14. Counties assigned to each of the HSAs are as follows:~~

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

969 | \_\_\_\_\_ Delta \_\_\_\_\_ Keweenaw \_\_\_\_\_ Ontonagon  
970 | \_\_\_\_\_ Dickinson \_\_\_\_\_ Luce \_\_\_\_\_ Schoolcraft

971 |  
972 | **Section 15. Effect on prior CON review standards, comparative reviews**  
973 |

974 | Sec. 15. (1) These CON review standards supersede and replace the CON Standards for Nursing  
975 | Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on ~~April 30,~~  
976 | ~~2008~~DECEMBER 15, 2010 and effective on ~~June 20, 2008~~MARCH 11, 2011.  
977 |

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

- 980 | (a) replacement of an existing nursing home/HLTCU being replaced in a rural county;
- 981 | (b) replacement of an existing nursing home/HLTCU in a micropolitan or metropolitan statistical  
982 | area county that is within two miles of the existing nursing home/HLTCU;
- 983 | (c) relocation of existing nursing home/HLTCU beds; or
- 984 | (d) an increase in beds pursuant to Section 6(1)(d)(ii) or (iii).

985 |  
986 | (3) Projects reviewed under these standards that relate solely to the acquisition of an existing  
987 | nursing home/HLTCU or the renewal of a lease shall not be subject to comparative review.  
988 |  
989 |



Counties assigned to each of the HSAs are as follows:

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

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

- 1039 |
- 1040 |
- 1041 |
- 1042 |
- 1043 |
- 1044 | The use rate per 1000 population for each age cohort, for purposes of these standards, effective ~~March~~
- 1045 | ~~AUGUST 14, 2011~~2013, and until otherwise changed by the Commission, is as follows.
- 1046 |
- 1047 | (i) Age 0 - 64: ~~208-200~~ days of care
- 1048 |
- 1049 | (ii) Age 65 - 74: ~~2,791-2,638~~ days of care
- 1050 |
- 1051 | (iii) Age 75 - 84: ~~10,047~~9379 days of care
- 1052 |
- 1053 | (iv) Age 85 +: ~~36,758~~34,009 days of care

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

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

Planning Area	Bed Need	ADC Adjustment Factor
Alcona	115	0.9590
Alger	65	0.90
Allegan	500	0.95
Alpena	187	0.95
Antrim	168	0.95
Arenac	100	0.9590
Baraga	58	0.90
Barry	275	0.95
Bay	603	0.95
Benzie	124	0.95
Berrien	884	0.95
Branch	224	0.95
Calhoun	675	0.95
Cass	273	0.95
Charlevoix	159	0.95
Cheboygan	188	0.95
Chippewa	202	0.95
Clare	185	0.95
Clinton	319	0.95
Crawford	95	0.90
Delta	245	0.95
Dickinson	190	0.95
Eaton	491	0.95
Emmet	201	0.95
Genesee	1,880	0.95
Gladwin	184	0.95
Gogebic	137	0.95
Gd. Traverse	455	0.95
Gratiot	209	0.95
Hillsdale	233	0.95
Houghton/Keweenaw	222	0.95
Huron	237	0.95



**APPENDIX B-C - continued**

	Planning Area	Bed Need	ADC Adjustment Factor
1106			
1107			
1108			
1109			
1110			
1111			
1112			
1113	Ingham	1,048	0.95
1114	Ionia	260	0.95
1115	Iosco	204	0.95
1116	Iron	120	0.9590
1117	Isabella	245	0.95
1118			
1119	Jackson	777	0.95
1120			
1121	Kalamazoo	1,077	0.95
1122	Kalkaska	95	0.90
1123	Kent	2,451	0.95
1124			
1125	Lake	88	0.90
1126	Lapeer	375	0.95
1127	Leelanau	159	0.95
1128	Lenawee	524	0.95
1129	Livingston	710	0.95
1130	Luce	36	0.90
1131			
1132	Mackinac	78	0.90
1133	Macomb	4,255	0.95
1134	Manistee	169	0.95
1135	Marquette	338	0.95
1136	Mason	186	0.95
1137	Mecosta	220	0.95
1138	Menominee	167	0.95
1139	Midland	411	0.95
1140	Missaukee	92	0.90
1141	Monroe	686	0.95
1142	Montcalm	291	0.95
1143	Montmorency	101	0.9590
1144	Muskegon	843	0.95
1145			
1146	Newaygo	241	0.95
1147			
1148	Oakland	5,630	0.95
1149	Oceana	152	0.95
1150	Ogemaw	134	0.95
1151	Ontonagon	59	0.90
1152	Osceola	127	0.95
1153	Oscoda	72	0.90
1154	Otsego	132	0.95
1155	Ottawa	1,145	0.95
1156			
1157			

**APPENDIX B - continued**

		<b>Bed</b>	<b>ADC</b>
	<b>Planning Area</b>	<b>Need</b>	<b>Adjustment</b>
			<b>Factor</b>
1158			
1159			
1160			
1161			
1162			
1163			
1164			
1165	Presque Isle	124	0.95
1166			
1167	Roscommon	227	0.95
1168			
1169	Saginaw	1,038	0.95
1170	St. Clair	811	0.95
1171	St. Joseph	290	0.95
1172	Sanilac	250	0.95
1173	Schoolcraft	61	0.90
1174	Shiawassee	336	0.95
1175			
1176	Tuscola	287	0.95
1177			
1178	Van Buren	365	0.95
1179			
1180	Washtenaw	1,268	0.95
1181	Wexford	170	0.95
1182	NW Wayne	2,305	0.95
1183	SW Wayne	1,542	0.95
1184			
1185	Detroit	4,140	0.95
1186			
1187	<b>Statewide Total</b>	<b>46,995</b>	
1188			



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

Rural Michigan counties are as follows:

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

Micropolitan statistical area Michigan counties are as follows:

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

Metropolitan statistical area Michigan counties are as follows:

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

Source:

65-75 F.R., p. 82238-37245 (December 27, 2000)  
JUNE 28, 2010

Statistical Policy Office

Office of Information and Regulatory Affairs

United States Office of Management and Budget

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

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

<u>Planning Area</u>	<u>Population Density Per Square Mile</u>
Ontonagon	<del>6.05</del> <u>11</u>
Schoolcraft	<del>7.66</del> <u>95</u>
Luce	<del>7.87</del> <u>16</u>
Baraga	<del>9.79</del> <u>67</u>
<del>Alger</del> <u>IRON</u>	<del>40.79</del> <u>76</u>
<del>Iron</del> <u>ALGER</u>	<del>41.31</del> <u>25</u>
Mackinac	<del>41.71</del> <u>45</u>
<del>Oscoda</del> <u>GOGEBIC</u>	<del>46.71</del> <u>35</u>
<del>Alcona</del> <u>OSCODA</u>	<del>47.41</del> <u>12</u>
<del>Gegebic</del> <u>ALCONA</u>	<del>45.81</del> <u>76</u>
Montmorency	<del>48.81</del> <u>36</u>
<del>Lake</del> <u>PRESQUE ISLE</u>	<del>20.01</del> <u>53</u>
<del>Presque-isle</del> <u>LAKE</u>	<del>24.82</del> <u>11</u>
<del>Menominee</del> <u>CHIPPEWA</u>	<del>24.32</del> <u>29</u>
<del>Chippewa</del> <u>MENOMINEE</u>	<del>24.72</del> <u>86</u>
Houghton/Keweenaw	<del>24.72</del> <u>17</u>
<del>Missaukee</del> <u>CRAWFORD</u>	<del>25.52</del> <u>00</u>
<del>Crawford</del> <u>MISSAUKEE</u>	<del>25.62</del> <u>90</u>

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

1275 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

1276  
1277 CON REVIEW STANDARDS  
1278 FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS  
1279 --ADDENDUM FOR SPECIAL POPULATION GROUPS  
1280

1281 (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of  
1282 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being  
1283 sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)  
1284

1285 **Section 1. Applicability; definitions**  
1286

1287 Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and  
1288 Hospital Long-term Care Unit Beds and shall be used for determining the need for projects established to  
1289 better meet the needs of special population groups within the long-term care and nursing home  
1290 populations.  
1291

1292 (2) Except as provided in sections 2, 3, 4, 5, 6, 7, and 8 of this addendum, these standards  
1293 supplement, and do not supersede, the requirements and terms of approval required by the CON Review  
1294 Standards for Nursing Home and Hospital Long-term Care Unit Beds.  
1295

1296 (3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital Long-  
1297 term Care Unit Beds shall apply to these standards.  
1298

1299 (4) For purposes of this addendum, the following terms are defined:

1300 (a) "Behavioral patient" means an individual that exhibits a history of chronic behavior management  
1301 problems such as aggressive behavior that puts self or others at risk for harm, or an altered state of  
1302 consciousness, including paranoia, delusions, and acute confusion.

1303 (b) "Hospice" means a health care program licensed under Part 214 of the Code, being Section  
1304 333.21401 et seq.

1305 (c) "Infection control program," means a program that will reduce the risk of the introduction of  
1306 communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance  
1307 program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to  
1308 the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread of  
1309 a communicable disease.

1310 (d) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or  
1311 a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being  
1312 sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

1313 (e) "Private residence", means a setting other than a licensed hospital; or a nursing home including  
1314 a nursing home or part of a nursing home approved pursuant to Section 6.

1315 (f) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or  
1316 SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a  
1317 degenerative or congenital nature. These impairments may be either temporary or permanent and cause  
1318 partial or total functional disability or psychosocial adjustment.

1319 (g) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory  
1320 assistance.  
1321

1322 **Section 2. Requirements for approval -- applicants proposing to increase nursing home beds --**  
1323 **special use exceptions**  
1324

1325 Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would  
1326 otherwise cause the total number of nursing home beds in that planning area to exceed the needed  
1327 nursing home bed supply or cause an increase in an existing excess as determined under the applicable

1328 CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be  
1329 approved pursuant to this addendum.

1330

1331 **Section 3. Statewide pool for the needs of special population groups within the long-term care**  
1332 **and nursing home populations**

1333

1334 Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is  
1335 established to better meet the needs of special population groups within the long-term care and nursing  
1336 home populations. Beds in the pool shall be allocated as follows:

1337 (a) These categories shall be allocated 1,109 beds and distributed as follows and shall be  
1338 reduced/redistributed in accordance with subsection (c):

1339 (i) TBI/SCI beds will be allocated 400 beds.

1340 (ii) Behavioral beds will be allocated 400 beds.

1341 (iii) Hospice beds will be allocated 130 beds.

1342 (iv) Ventilator-dependent beds will be allocated 179 beds.

1343 (b) The following historical categories have been allocated 849 beds. Additional beds shall not be  
1344 allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be  
1345 eliminated and not be returned to the statewide pool for special population groups.

1346 (i) Alzheimer's disease has 384 beds.

1347 (ii) Health care needs for skilled nursing care has 173 beds.

1348 (iii) Religious has 292 beds.

1349 (c) The number of beds set aside from the total statewide pool established for categories in  
1350 subsection (1)(a) for a special population group shall be reduced if there has been no CON activity for that  
1351 special population group during at least 6 consecutive application periods.

1352 (i) The number of beds in a special population group shall be reduced to the total number of beds  
1353 for which a valid CON has been issued for that special population group.

1354 (ii) The number of beds reduced from a special population group pursuant to this subsection shall  
1355 revert to the total statewide pool established for categories in subsection (1)(a).

1356 (iii) The Department shall notify the Commission of the date when action to reduce the number of  
1357 beds set aside for a special population group has become effective and shall identify the number of beds  
1358 that reverted to the total statewide pool established for categories in subsection (1)(a).

1359 (iv) For purposes of this subsection, "application period" means the period of time from one  
1360 designated application date to the next subsequent designated application date.

1361 (v) For purposes of this subsection, "CON activity" means one or more of the following:

1362 (A) CON applications for beds for a special population group have been submitted to the  
1363 Department for which either a proposed or final decision has not yet been issued by the Department.

1364 (B) Administrative hearings or appeals to court of decisions issued on CON applications for beds for  
1365 a special population group are pending resolution.

1366 (C) An approved CON for beds for each special population group has expired for lack of appropriate  
1367 action by an applicant to implement an approved CON.

1368 (d) By setting aside these beds from the total statewide pool, the Commission's action applies only  
1369 to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not  
1370 preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or  
1371 other health care settings in compliance with applicable statutory or certification requirements.

1372

1373 (2) Increases in nursing home beds approved under this addendum for special population groups  
1374 shall not cause planning areas currently showing an unmet bed need to have that need reduced or  
1375 planning areas showing a current surplus of beds to have that surplus increased.

1376

1377 **Section 4. Requirements for approval for beds from the statewide pool for special population**  
1378 **groups allocated to TBI/SCI patients**

1379

1380 Sec. 4. The CON Commission determines there is a need for beds for applications designed to  
1381 determine the efficiency and effectiveness of specialized programs for the care and treatment of TBI/SCI  
1382 patients as compared to serving these needs in general nursing home unit(s).  
1383

1384 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1385 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the  
1386 satisfaction of the Department each of the following:

1387 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At  
1388 the time an application is submitted, the applicant shall demonstrate that it operates:

1389 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI  
1390 patients; and

1391 (ii) A transitional living program or contracts with an organization that operates a transitional living  
1392 program and rehabilitative care for TBI/SCI patients.

1393 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential  
1394 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-  
1395 recognized accreditation organization for rehabilitative care and services.

1396 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another  
1397 nationally-recognized accreditation organization for the nursing home beds proposed under this  
1398 subsection.

1399 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated  
1400 under this subsection that provides for:

1401 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1402 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of  
1403 TBI/SCI patients.

1404 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised  
1405 activity.

1406 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for  
1407 TBI/SCI patients of various ages.  
1408

1409 (2) Beds approved under this subsection shall not be converted to general nursing home use  
1410 without a CON for nursing home and hospital long-term care unit beds under the CON review standards  
1411 for nursing home and hospital long-term care unit beds and shall not be offered to individuals other than  
1412 TBI/SCI patients.  
1413

#### 1414 **Section 5. Requirements for approval for beds from the statewide pool for special population** 1415 **groups allocated to behavioral patients** 1416

1417 Sec. 5. The CON Commission determines there is a need for beds for applications designed to  
1418 determine the efficiency and effectiveness of specialized programs for the care and treatment of  
1419 behavioral patients as compared to serving these needs in general nursing home unit(s).

1420 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1421 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the  
1422 satisfaction of the Department each of the following:

1423 (a) Individual units shall consist of 20 beds or less per unit.

1424 (b) The facility shall not be awarded more than 40 beds.

1425 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised  
1426 activity.

1427 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely  
1428 for the use of the behavioral patients.

1429 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to  
1430 promote visual and spatial orientation.

1431 (f) Staff will be specially trained in treatment of behavioral patients.  
1432

1433 (2) Beds approved under this subsection shall not be converted to general nursing home use  
1434 without a CON for nursing home and hospital long-term care unit beds under the CON Review Standards  
1435 for Nursing Home and Hospital Long-term Care Unit Beds.

1436  
1437 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1438 Medicaid.

1439  
1440 **Section 6. Requirements for approval for beds from the statewide pool for special population**  
1441 **groups allocated to hospice patients**

1442  
1443 Sec. 6. The CON Commission determines there is a need for beds for patients requiring both  
1444 hospice and long-term nursing care services within the long-term care and nursing home populations.

1445  
1446 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1447 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the  
1448 satisfaction of the Department, each of the following:

1449 (a) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal  
1450 Regulations, Title 42, Chapter IV, Subpart B (Medicare programs), Part 418 and shall have been a  
1451 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted  
1452 to the Department.

1453 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an  
1454 application is submitted to the Department for which verifiable data are available to the Department, at  
1455 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice  
1456 were provided in a private residence.

1457 (c) An application shall propose 30 beds or less.

1458 (d) An applicant for beds from the special statewide pool of beds shall not be approved if any  
1459 application for beds in that same planning area has been approved from the special statewide pool of  
1460 beds allocated for hospice.

1461  
1462 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1463 Medicaid.

1464  
1465 **Section 7. Requirements for approval for beds from the statewide pool for special population**  
1466 **groups allocated to ventilator-dependent patients**

1467  
1468 Sec. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients  
1469 within the long-term care and nursing home populations

1470  
1471 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an  
1472 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the  
1473 satisfaction of the Department, each of the following:

1474 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed nursing  
1475 home beds.

1476 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.

1477 (c) The proposed unit will serve only ventilator-dependent patients.

1478  
1479 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1480 Medicaid.

1481  
1482 **Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum**

1483  
1484 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool  
1485 for special population groups allocated to religious shall meet the following:



1486 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a  
1487 recognized religious organization, denomination or federation as evidenced by documentation of its  
1488 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the  
1489 United States Internal Revenue Code.

1490 (b) The applicant's patient population includes a majority of members of the religious organization  
1491 or denomination represented by the sponsoring organization.

1492 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of  
1493 a specific religion, denomination or order, including unique dietary requirements, or other unique religious  
1494 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

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

1497

1498 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1499 special population groups allocated to TBI/SCI shall meet the following:

1500 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At  
1501 the time an application is submitted, the applicant shall demonstrate that it operates:

1502 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI  
1503 patients; and

1504 (ii) a transitional living program or contracts with an organization that operates a transitional living  
1505 program and rehabilitative care for TBI/SCI patients.

1506 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential  
1507 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-  
1508 recognized accreditation organization for rehabilitative care and services.

1509 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another  
1510 nationally-recognized accreditation organization for the nursing home beds proposed under this  
1511 subsection.

1512 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated  
1513 under this subsection that provides for:

1514 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1515 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of  
1516 TBI/SCI patients.

1517 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised  
1518 activity.

1519 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for  
1520 TBI/SCI patients of various ages.

1521

1522 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1523 special population groups allocated to Alzheimer's disease shall meet the following:

1524 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat  
1525 only patients which require long-term nursing care and have been appropriately classified as a patient on  
1526 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a  
1527 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1528 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1529 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing  
1530 home and be no larger than 20 beds in size.

1531 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at  
1532 the health facility, appropriate for unsupervised activity.

1533 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area  
1534 which is solely for the use of the Alzheimer's unit patients.

1535 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light  
1536 reflections to promote visual and spatial orientation.

1537 (g) Staff will be specially trained in Alzheimer's disease treatment.

1538 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1539 Medicaid.

1540  
1541 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1542 special population groups allocated to behavioral patients shall meet the following:

1543 (a) Individual units shall consist of 20 beds or less per unit.

1544 (b) The facility shall not be awarded more than 40 beds.

1545 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised  
1546 activity.

1547 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely  
1548 for the use of the behavioral patients.

1549 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to  
1550 promote visual and spatial orientation.

1551 (f) Staff will be specially trained in treatment of behavioral patients.

1552 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1553 Medicaid.

1554  
1555 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1556 special population groups allocated to hospice shall meet the following:

1557 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal  
1558 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a  
1559 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted  
1560 to the Department.

1561 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an  
1562 application is submitted to the Department for which verifiable data are available to the Department, at  
1563 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice  
1564 were provided in a private residence.

1565 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1566 Medicaid.

1567  
1568 (6) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for  
1569 special population groups allocated to ventilator-dependent patients shall meet the following:

1570 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed nursing  
1571 home beds.

1572 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.

1573 (c) The proposed unit will serve only ventilator-dependent patients.

1574 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and  
1575 Medicaid.

1576  
1577 **Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**  
1578 **under Section 3(1) of this addendum**

1579  
1580 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance  
1581 with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-  
1582 term Care Unit Beds.

1583  
1584 (2) An applicant for beds from the statewide pool for special population groups allocated to religious  
1585 shall agree that, if approved, the services provided by the specialized long-term care beds shall be  
1586 delivered in compliance with the following term of CON approval:

1587 (a) The applicant shall document, at the end of the third year following initiation of beds approved  
1588 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the  
1589 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its  
1590 average daily census for the third full year of operation.

- 1591  
1592 (3) An applicant for beds from the statewide pool for special population groups allocated to  
1593 Alzheimer's disease shall agree that if approved:  
1594  
1595 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat  
1596 only patients which require long-term nursing care and have been appropriately classified as a patient on  
1597 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a  
1598 level 4 (when accompanied by continuous nursing needs), 5, or 6.  
1599 (b) The specialized program will participate in the state registry for Alzheimer's disease.  
1600 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing  
1601 home and be no larger than 20 beds in size.  
1602 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at  
1603 the health facility, appropriate for unsupervised activity.  
1604 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area  
1605 which is solely for the use of the Alzheimer's unit patients.  
1606 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light  
1607 reflections to promote visual and spatial orientation.  
1608 (g) Staff will be specially trained in Alzheimer's disease treatment.  
1609  
1610 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice  
1611 shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in  
1612 accordance with the following CON terms of approval.  
1613 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish  
1614 and maintain the ability to provide, either directly or through contractual arrangements, hospice services  
1615 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.  
1616 (b) The proposed project shall be designed to promote a home-like atmosphere that includes  
1617 accommodations for family members to have overnight stays and participate in family meals at the  
1618 applicant facility.  
1619 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive,  
1620 has AIDS or has AIDS related complex.  
1621 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or  
1622 have AIDS related complex in nursing home beds.  
1623 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in  
1624 nursing home beds.  
1625 (f) Nursing home beds shall only be used to provide services to individuals suffering from a  
1626 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being  
1627 Section 333.21417 of the Michigan Compiled Laws.  
1628 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not  
1629 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled  
1630 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.  
1631 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section  
1632 333.21401 et seq. of the Michigan Compiled Laws.  
1633 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided  
1634 by the applicant hospice to all of its clients will be provided in a private residence.  
1635  
1636 (5) An applicant for beds from the statewide pool for special population groups allocated to  
1637 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection  
1638 shall be operated in accordance with the following CON terms of approval.  
1639 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been  
1640 trained in the care and treatment of ventilator-dependent patients and includes at least the following:  
1641 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-  
1642 dependent patients.  
1643 (ii) A program director that is a registered nurse.

- 1644 (b) An applicant shall make provisions, either directly or through contractual arrangements, for at  
 1645 least the following services:
- 1646 (i) respiratory therapy.
  - 1647 (ii) occupational and physical therapy.
  - 1648 (iii) psychological services.
  - 1649 (iv) family and patient teaching activities.
- 1650 (c) An applicant shall establish and maintain written policies and procedures for each of the  
 1651 following:
- 1652 (i) Patient admission criteria that describe minimum and maximum characteristics for patients  
 1653 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the  
 1654 amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary  
 1655 services.
  - 1656 (ii) The transfer of patients requiring care at other health care facilities.
  - 1657 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment  
 1658 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.
  - 1659 (iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,  
 1660 being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.
  - 1661 (v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.
- 1662 (d) An applicant shall establish and maintain an organized infection control program that has written  
 1663 policies for each of the following:
- 1664 (i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and  
 1665 frequency of tube changes.
  - 1666 (ii) placement and care of urinary catheters.
  - 1667 (iii) care and use of thermometers.
  - 1668 (iv) care and use of tracheostomy devices.
  - 1669 (v) employee personal hygiene.
  - 1670 (vi) aseptic technique.
  - 1671 (vii) care and use of respiratory therapy and related equipment.
  - 1672 (viii) isolation techniques and procedures.
- 1673 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at  
 1674 least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,  
 1675 and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.  
 1676 This subsection does not require a separate committee, if an applicant organization has a standing  
 1677 infection control committee and that committee's charge is amended to include a specific focus on the  
 1678 ventilator-dependent unit.
- 1679 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the  
 1680 immediate vicinity of the unit.
- 1681 (g) An applicant shall agree that the beds will not be used to service individuals that are not  
 1682 ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to  
 1683 applicable CON review standards.
- 1684 (h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result  
 1685 from providing services to ventilator-dependent patients in a hospital.
- 1686
- 1687 (6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI  
 1688 patients shall agree that if approved:
- 1689 (a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been  
 1690 trained in the care and treatment of such individuals and includes at least the following:
- 1691 (i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI  
 1692 patients.
  - 1693 (ii) A program director that is a registered nurse.
  - 1694 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.
- 1695 (b) An applicant shall establish and maintain written policies and procedures for each of the  
 1696 following:

- 1697 (i) Patient admission criteria that describe minimum and maximum characteristics for patients  
1698 appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the  
1699 required medical stability and the need for ancillary services, including dialysis services.
- 1700 (ii) The transfer of patients requiring care at other health care facilities, including a transfer  
1701 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to  
1702 any patient who requires such care.
- 1703 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment  
1704 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,  
1705 including support services to be provided by transitional living programs or other outpatient programs or  
1706 services offered as part of a continuum of care to TBI patients by the applicant.
- 1707 (iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of  
1708 patient care, rates of utilization and other considerations generally accepted as appropriate for review.
- 1709 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI  
1710 patients meet professional recognized standards of health care for providers of such services and that  
1711 such services were reasonable and medically appropriate to the clinical condition of the TBI patient  
1712 receiving such services.
- 1713
- 1714 (7) An applicant for beds from the statewide pool for special population groups allocated to  
1715 behavioral patients shall agree that if approved:
- 1716 (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been  
1717 trained in the care and treatment of such individuals and includes at least the following:
- 1718 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral  
1719 patients.
- 1720 (ii) A program director that is a registered nurse.
- 1721 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.
- 1722 (b) An applicant shall establish and maintain written policies and procedures for each of the  
1723 following:
- 1724 (i) Patient admission criteria that describe minimum and maximum characteristics for patients  
1725 appropriate for admission to the unit for behavioral patients.
- 1726 (ii) The transfer of patients requiring care at other health care facilities, including a transfer  
1727 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to  
1728 any patient who requires such care.
- 1729 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of  
1730 patient care, rates of utilization and other considerations generally accepted as appropriate for review.
- 1731 (iv) quality assurance and assessment program to assure that services furnished to behavioral  
1732 patients meet professional recognized standards of health care for providers of such services and that  
1733 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient  
1734 receiving such services.
- 1735 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines,  
1736 specialized communication, and patient safety.

1737  
1738 **Section 10. Comparative reviews, effect on prior CON review standards**

1739  
1740 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be  
1741 subject to comparative review on a statewide basis.

1742  
1743 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject  
1744 to comparative review on a statewide basis.

1745  
1746 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject  
1747 to comparative review on a statewide basis.

1748

1749 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject  
1750 to comparative review on a statewide basis.

1751  
1752 (5) These CON review standards supercede and replace the CON Review Standards for Nursing  
1753 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the  
1754 Commission on April 30, 2008 and effective on June 20, 2008.  
1755



Relates to a New Facility	Relates to an Existing Facility	Criteria	Workgroup Proposed Changes	Points Deducted	Points Awarded		Proposed Points		
					Max	Min	Max	Min	
	X	The current percentage of Medicaid patient days of care reimbursed for the most recent 12 months 10(2)(a)(i)	After workgroup and department review, no proposed changes to the language; just to the points awarded and percentages of participation.		10	6	8	4	
X		The proposed percentage of Medicaid patient days of care to be reimbursed by the second 12 months after project completion 10(2)(a)(i)	After workgroup and department review, no proposed changes to the language; just to the points awarded and percentages of participation.		10	6	7	3	
	X	Percentage of the licensed nursing home beds are Medicaid for the most recent 12 months 10(2)(b)(i)	Workgroup changed to add more points to qualifying project if all beds within the facility are dually certified for both Medicare and Medicaid. Services-REMOVED BY WORKGROUP				0	0	
X		Percentage of the proposed licensed nursing home beds to be Medicaid certified by the second 12 months after project completion 10(2)(b)(ii)	Workgroup changed to add more points to qualifying project if proposed beds will be dually certified for both Medicare and Medicaid Services.				10	0	
X	X	Participation level in the Medicare program for the most recent 12 months 10(3)	Workgroup decided to delete from Comparative Review		3	1	0	0	
X	X	Currently as identified by the Centers for Medicare and Medicaid Services been a Special focus NH-LTCU 10(4)(a)	Workgroup decided to delete from Comparative Review	15			0	0	
X	X	Has within the last 3 years as identified by the Centers for Medicare and Medicaid Services been a Special focus NH-LTCU 10(4)(b)	No change	15			0	0	
X	X	Has had more than 8 substandard quality of care citations; immediate harm citations, and/or immediate jeopardy citation in the 3 most recent survey cycles 10(4)(c)	No change	15			0	0	
X	X	Has had an involuntary termination or voluntary termination at the threat of a medical assistance provider enrollment & trading partner agreement within the last 3 years 10(4)(d)	No change	15			0	0	
X	X	Has had a state enforcement action resulting in a reduction in license capacity or a ban on admissions within the last 3 years 10(4)(e)	No change	15			0	0	
	X	Has any outstanding debt obligation to the state of Michigan for quality assurance assessment program (QAAP), civil monetary penalties (CMP), Medicaid level of care determination (LOCD), or preadmission screening and annual resident review (PASARR) 10(4)(f)	No change	15			0	0	
X	X	Participation in a cultural change model, which contains person centered care, ongoing staff training, and measurements of outcomes 10(5)	MCH will Remove Wellspring model from worksheet, correct Coaching model to state PHI Coaching Approach; Workgroup changed the maximum scoring: points for participating in a culture change model 3, 5 more for an approved model.		15	0	8	0	
X	X	The proposed percentage of the "Applicant's cash" to be applied towards funding the total proposed project cost 10(6)	Workgroup decided to add language to the definition of applicant's cash to include contributions from landlord; and deleted 10(11), awarding 5 points for providing audited statements.		5	0	5	0	
X	X	Equipped with sprinklers 10(7)	Workgroup decided to remove from Comparative Review as all buildings are sprinkled as of 12/2013		5	0	0	0	
X	X	Equipped with air conditioning 10(8)	Points will be awarded if the ENTIRE existing or proposed NH-LTCU is fully equipped with air conditioning AS DEFINED IN THE MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES IN MICHIGAN AND INCORPORATED BY REFERENCE IN SECTION 20145(6) OF THE PUBLIC HEALTH CODE, BEING SECTION 333.20145(6) OF THE MICHIGAN COMPILED LAWS OR ANY FUTURE VERSIONS.		5	0	4	0	
<b>Facility Design:</b>									
X	X	100% private rooms with adjoining sink, toilet, and shower 10(9)	<del>100% to include dedicated sink, toilet, and shower; and removed private and adjoining. 80% private rooms with dedicated toilet, sink, and shower, removed shared adjoining to encourage privacy for patients. 100% rooms with dedicated toilet room containing a sink, water closet, and shower. 80% private rooms with dedicated toilet room containing a sink, water closet, and shower.</del>		10	0	6	0	
X	X	Nursing Home/HLTCU with a 150 or fewer beds 10(10)	Add "in total" to end of 10(8)		10	0	10	0	
X	X	Provides audited financial statements 10(11)	Deleted from comparative review.		5	0	0	0	
X	X	Proposed beds are housed in new construction 10(12)	No change		5	0	5	0	
	X	Existing nursing home/HLTCU eliminates all of its 3 and 4-bed wards 10(13)	Changed to eliminate 2 OR MORE bed wards will have no more than double occupancy at the completion of the project		10	0	10	0	
X	X	On or readily accessible public transportation route 10(14)	No change in language only points awarded		5	0	2	0	
<b>Technology Feature: Innovations</b>									
X	X	Electronic health record and computer point-of-service entry capability (including wireless tablets); Wireless nurse call/paging system including wireless devices carried by direct care staff 10(15)	THE PROPOSED PROJECT WILL HAVE A BACKUP GENERATOR SUPPORTING ALL FUNCTIONS WITH AN ON-SITE FUEL SUPPLY CAPABLE OF PROVIDING AT LEAST 48 HOURS OF SERVICE AT FULL LOAD				4	0	
X	X		Wireless nurse call/paging system including wireless devices carried by direct care staff				1	0	
X	X		Wireless internet with resident access to related equipment/device in entire facility				1	0	
X	X		An integrated electronic medical records system with point-of-service access capability (including wireless devices) for all disciplines including pharmacy, physician, nursing, and therapy services				4	0	
X	X		Bariatric requirements				3	0	
Total				90	98	13	88	7	

\* Data comes from proposed decisions in March 2011 through December 2013. There were a total of 23 applications scored, of which 12 were for a new Nursing Home and 11 were to add beds to an existing Nursing Home.  
\*\* An applicant could score 0