

1 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**

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12 Sec. 1. (1) These standards are requirements for approval under Part 222 of the Code that involve
13 a) beginning operation of a new nursing home/HLTCU, (b) replacing beds in a nursing home/HLTCU or
14 physically relocating nursing home/HLTCU beds from one licensed site to another geographic location,
15 (c) increasing licensed beds in a nursing home/HLTCU licensed under Part 217 and a HLTCU defined in
16 Section 20106(6), or (d) acquiring a nursing home/HLTCU. Pursuant to the Code, a nursing
17 home/HLTCU is a covered health facility. The Department shall use these standards in applying Section
18 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and Section
19 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.
20

21 (2) An increase in licensed nursing home/HLTCU beds is a change in bed capacity for purposes of
22 Part 222 of the Code.
23

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

27 **Section 2. Definitions**

28
29 Sec. 2. (1) As used in these standards:

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

34 (b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived
35 during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is
36 divided. The ADC adjustment factor is 0.90 for all planning areas.

37 (c) "Applicant's cash" means the total unrestricted cash, designated funds, and restricted funds
38 reported by the applicant as the source of funds in the application. If the project includes space lease
39 costs, the applicant's cash includes the contribution designated for the project from the landlord.

40 (d) "AVERAGE OCCUPANCY RATE" IS CALCULATED AS FOLLOWS:

41 (i) CALCULATE THE NUMBER OF PATIENT DAYS DURING THE MOST RECENT,
42 CONSECUTIVE 12-MONTH PERIOD, AS OF THE DATE OF THE APPLICATION, FOR WHICH
43 VERIFIABLE DATA ARE AVAILABLE TO THE DEPARTMENT.

44 (ii) CALCULATE THE TOTAL LICENSED BED DAYS FOR THE SAME 12-MONTH PERIOD AS
45 IN (I) ABOVE BY MULTIPLYING THE TOTAL LICENSED BEDS AND/OR CON APPROVED BUT NOT
46 YET LICENSED BEDS BY THE NUMBER OF DAYS THEY WERE LICENSED AND/OR CON
47 APPROVED BUT NOT YET LICENSED.

48 (iii) DIVIDE THE NUMBER OF PATIENT DAYS CALCULATED IN (I) ABOVE BY THE TOTAL
49 LICENSED BED DAYS CALCULATED IN (ii) ABOVE, THEN MULTIPLY THE RESULT BY 100.

50 (de) "Base year" means 1987 or the most recent year for which verifiable data collected as part of
51 the Michigan Department of Health and Human Services Annual Survey of Long-Term-Care Facilities or
52 other comparable MDHHS survey instrument are available.

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

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

57 (gh) "Common ownership or control" means a nursing home, regardless of the state in which it is
58 located, that is owned by, is under common control of, or has a common parent as the applicant nursing
59 home pursuant to the definition of common ownership or control utilized by the Department of Licensing
60 and Regulatory Affairs (LARA), Bureau of Health Care Services.

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

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

67 (jk) "Department" means the Michigan Department of Health and Human Services (MDHHS).

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

74 (lm) "Existing nursing home beds" means, for a specific planning area, the total of all nursing home
75 beds located within the planning area including: (i) licensed nursing home beds, (ii) nursing home beds
76 approved by a valid CON issued under Part 222 of the Code which are not yet licensed, (iii) proposed
77 nursing home beds under appeal from a final Department decision made under Part 222 or pending a
78 hearing from a proposed decision issued under Part 222 of the Code, and (iv) proposed nursing home
79 beds that are part of a completed application under Part 222 of the Code which is pending final
80 Department decision. (a) Nursing home beds approved from the statewide pool are excluded; and (b)
81 short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section
82 333.22210 of the Michigan Compiled Laws, are excluded.

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

85 (no) "Hospital long-term-care unit" or "HLTCU" means a nursing care facility, owned and operated
86 by and as part of a hospital, that provides organized nursing care and medical treatment to seven (7) or
87 more unrelated individuals suffering or recovering from illness, injury, or infirmity.

88 (op) "Licensed only facility" means a licensed nursing home that is not certified for Medicare or
89 Medicaid.

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

92 (qr) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396 to 1396g
93 and 1396i to 1396u.

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

96 (st) "Nursing home" means a nursing care facility, including a county medical care facility, but
97 excluding a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being
98 sections 36.1 to 36.12 of the Michigan Compiled Laws, that provides organized nursing care and medical
99 treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or

100 infirmity. This term applies to the licensee only and not the real property owner if different than the
101 licensee.

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

107 (u) "Occupancy rate" means the percentage which expresses the ratio of the actual number of
108 patient days of care provided divided by the total number of patient days. Total patient days is calculated
109 by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying
110 these beds by the number of days that they were licensed and/or CON approved but not yet licensed.
111 This shall include nursing home beds approved from the statewide pool. Occupancy rates shall be
112 calculated using verifiable data from the actual number of patient days of care for 12 continuous months
113 of data from the CON Annual Survey or other comparable MDHHS survey instrument.

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

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

122 (x) "Proposed licensed site" means the physical location and address (or legal description of
123 property) of the proposed project or within 250 yards of the physical location and address (or legal
124 description of property) and within the same planning area of the proposed project that will be authorized
125 by license and will be listed on that licensee's certificate of licensure.

126 (y) "Relocation of existing nursing home/HLTCU beds" means a change in the location of existing
127 nursing home/HLTCU beds from the licensed site to a different existing licensed site within the planning
128 area.

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

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

136 (bb) "Replacement zone" means a proposed licensed site that is,

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

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

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

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

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

144
145 (2) The definitions in Part 222 of the Code shall apply to these standards.

146 147 **Section 3. Determination of needed nursing home bed supply**

148
149 Sec. 3. (1)(a) The age specific use rates for the planning year shall be the actual statewide age
150 specific nursing home use rates using data from the base year.

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

153 (c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5,
154 the use rates for the base year per 1000 population for each corresponding age cohort, established in
155 accord with subsection (1)(b), are posted on the State of Michigan CON web site.

156
157 (2) The number of nursing home beds needed in a planning area shall be determined by the
158 following formula:

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

161 (b) Multiply each population age cohort by the corresponding use rate which is posted on the State
162 of Michigan CON web site.

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

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

167 (e) Divide the ADC determined in subsection (d) by 0.90.

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

170 **Section 4. Bed need**

171
172
173 Sec. 4. (1) The bed need numbers shall apply to project applications subject to review under these
174 standards, except where a specific CON standard states otherwise.

175
176 (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis.

177
178 (3) The base year and the planning year that shall be utilized in applying the methodology pursuant
179 to subsection (2) shall be set according to the most recent data available to the Department.

180
181 (4) The effective date of the bed need numbers shall be established by the Commission.

182
183 (5) New bed need numbers established by subsections (2) and (3) shall supersede previous bed
184 need numbers and shall be posted on the state of Michigan CON web site as part of the Nursing
185 Home/HLTCU Bed Inventory.

186
187 (6) Modifications made by the Commission pursuant to this section shall not require standard
188 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
189 Governor in order to become effective.

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

191
192
193 Sec. 5. (1) The base year shall be modified based on data obtained from the Department and
194 presented to the Commission. The Department shall calculate use rates for each of the age cohorts set
195 forth in Section 3(1)(b) and biennially present the revised use rates based on 2006 information, or the
196 most recent base year information available biennially after 2006, to the CON Commission.

197
198 (2) The Commission shall establish the effective date of the modifications made pursuant to
199 subsection (1).

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

204
205 **Section 6. Requirements for approval to increase beds in a planning area**

206
207 Sec. 6. An applicant proposing to increase the number of nursing home beds in a planning area
208 must meet the following as applicable:

209
210 (1) An applicant proposing to increase the number of nursing home beds in a planning area by
211 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing
212 licensed nursing home/HLTCU shall demonstrate the following:

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

216

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

217
218 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
219 receivership within the last three years, or from the change of ownership date if the facility has come
220 under common ownership or control within 24 months of the date of the application.

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

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

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

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

236 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality
237 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review
238 (PASARR) or Civil Monetary Penalties (CMP).

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

243 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
244 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
245 include any unresolved deficiencies still outstanding with LARA.

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

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

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

255 (A) The applicant facility has experienced an average occupancy rate of 92% for the most recent
256 12 consecutive months and 90% or above for the prior 12 months as verifiable by the Department as of
257 the date an application is submitted to the Department.

258 (B) The applicant facility has not decreased the number of licensed beds within the 24 months
259 preceding the application date.

260 (C) The applicant facility shall propose no more than two beds per resident room and shall
261 eliminate all three and/or four bed wards within the existing facility, if applicable, as part of the proposed
262 project.

263 (D) The applicant facility shall certify the new beds for both Medicare and Medicaid.

264 (E) The applicant facility shall not relocate any beds from the facility or replace a portion of beds to
265 a new site pursuant to Section 7(3)(d), following CON approval and for at least 24 months from the date
266 of the licensure of the new beds at the facility.

267
268 (2) An applicant proposing to increase the number of nursing home beds in a planning area by
269 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing
270 licensed nursing home/HLTCU pursuant to the new design model shall demonstrate the following:

271 (a) At the time of application, the applicant, as identified in the table, shall provide a report
272 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
273 nursing homes/HLTCUs:
274

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

275
276 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
277 receivership within the last three years, or from the change of ownership date if the facility has come
278 under common ownership or control within 24 months of the date of the application.

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

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

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

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

294 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality
295 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review
296 (PASARR) or Civil Monetary Penalties (CMP).

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

299 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the
300 construction standards shall be those applicable to nursing homes in the document entitled Minimum
301 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section
302 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any
303 future versions.

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

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

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

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

310 (D) ceiling heights shall be a minimum of 7 feet 10 inches.

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

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

315 (c) The proposed project shall include at least 80% single occupancy resident rooms with an
316 adjoining toilet room containing a sink, water closet, and bathing facility and serving no more than two
317 residents in both the central support inpatient facility and any supported small resident housing units.

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

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

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

327
328 **(3) AN APPLICANT PROPOSING TO INCREASE NUMBER OF BEDS IN AN EXISTING**
329 **LICENSED NURSING HOME/HLTCU SHALL DEMONSTRATE THAT THE AVERAGE OCCUPANCY**
330 **RATE FOR THE APPLICANT'S FACILITY, WHERE THE PROPOSED BEDS ARE TO BE LOCATED,**
331 **WAS AT LEAST 60% DURING THE MOST RECENT, CONSECUTIVE 12-MONTH PERIOD, AS OF THE**
332 **DATE OF THE SUBMISSION OF THE APPLICATION, FOR WHICH VERIFIABLE DATA ARE**
333 **AVAILABLE TO THE DEPARTMENT. THIS SUBSECTION SHALL NOT APPLY IF ADDING BEDS**
334 **FROM A SPECIAL POPULATION GROUP CONTAINED IN THE ADDENDUM TO THESE**
335 **STANDARDS.**
336

337 **Section 7. Requirements for approval to replace beds**

338
339 Sec. 7. An applicant proposing to replace beds must meet the following as applicable.

340
341 (1) An applicant proposing to replace beds within the replacement zone shall not be required to be
342 in compliance with the needed nursing home bed supply if all of the following requirements are met:

343 (a) At the time of application, the applicant, as identified in the table, shall provide a report
344 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
345 nursing homes/HLTCUs:
346

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

347
348 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
349 receivership within the last three years, or from the change of ownership date if the facility has come
350 under common ownership or control within 24 months of the date of the application.

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

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

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

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

366 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality
367 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review
368 (PASARR) or Civil Monetary Penalties (CMP).

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

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

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

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

(f) THE CURRENT PATIENTS OF THE FACILITY/BEDS BEING REPLACED SHALL BE ADMITTED TO THE REPLACEMENT BEDS WHEN THE REPLACEMENT BEDS ARE LICENSED, TO THE EXTENT THAT THOSE PATIENTS DESIRE TO TRANSFER TO THE REPLACEMENT FACILITY/BEDS.

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

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

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

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

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

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

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

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

(vi) Delinquent debt obligation to the State of Michigan including, but not limited to, 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.

(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.

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

423 (f) **THE CURRENT PATIENTS OF THE FACILITY/BEDS BEING REPLACED SHALL BE**
424 **ADMITTED TO THE REPLACEMENT BEDS WHEN THE REPLACEMENT BEDS ARE LICENSED, TO**
425 **THE EXTENT THAT THOSE PATIENTS DESIRE TO TRANSFER TO THE REPLACEMENT**
426 **FACILITY/BEDS.**

427
428 (3) An applicant proposing to replace beds with a new design model shall not be required to be in
429 compliance with the needed nursing home bed supply if all of the following requirements are met:

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

432 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the
433 construction standards shall be those applicable to nursing homes in the document entitled Minimum
434 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section
435 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any
436 future versions.

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

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

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

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

443 (d) ceiling heights shall be a minimum of 7 feet 10 inches.

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

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

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

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

455 (i) the proposed licensed site for the replacement beds is in the same planning area,

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

458 (iii) the current patients of the facility/beds being replaced shall be admitted to the replacement
459 beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the
460 replacement facility/beds.

461 (d) An approved project may involve replacement of a portion of the beds of an existing facility at a
462 geographic location within the replacement zone that is not physically connected to the current licensed
463 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate
464 license shall be issued to the facility at the new location. If beds have been added pursuant to Section
465 6(1)(d)(ii), then the applicant facility shall not relocate any beds from the facility or replace a portion of
466 beds to a new site following CON approval and for at least 24 months from the date of the licensure of the
467 new beds at the facility.

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

472 (4) THE APPLICANT SHALL COMPLY WITH THE FOLLOWING REQUIREMENTS, AS
473 APPLICABLE:

474 (a) THE EXISTING NURSING HOME/HLTCU SHALL HAVE AN AVERAGE OCCUPANCY RATE
475 OF AT LEAST 60%.

476 (b) IF THE AVERAGE OCCUPANCY RATE FOR THE EXISTING NURSING HOME/HLTCU IS
477 BELOW 60%, THEN THE APPLICANT NURSING HOME/HLTCU SHALL REDUCE THE APPROPRIATE
478 NUMBER OF LICENSED BEDS TO ACHIEVE AN AVERAGE ANNUAL OCCUPANCY RATE OF AT
479 LEAST 60%. THE APPLICANT NURSING HOME/HLTCU SHALL NOT EXCEED THE NUMBER OF
480 BEDS CALCULATED AS FOLLOWS:

481 (i) AS OF THE DATE OF THE APPLICATION, CALCULATE THE NUMBER OF PATIENT DAYS
482 DURING THE MOST RECENT, CONSECUTIVE 36-MONTH PERIOD WHERE VERIFIABLE DATA IS
483 AVAILABLE TO THE DEPARTMENT, AND DIVIDE BY .60.

484 (ii) DIVIDE THE RESULT OF SUBSECTION (i) ABOVE BY 1095 (OR 1096 IF THE 36-MONTH
485 PERIOD INCLUDES A LEAP YEAR) AND ROUND UP TO THE NEXT WHOLE NUMBER OR 7,
486 WHICHEVER IS LARGER. THIS IS THE MAXIMUM NUMBER OF BEDS THAT CAN BE LICENSED AT
487 THE EXISTING LICENSED NURSING HOME/HLTCU SITE AFTER REPLACEMENT.

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

489
490
491 Sec. 8. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be
492 required to be in compliance with the needed nursing home bed supply if all of the following requirements
493 are met:

494 (a) There shall not be any ownership relationship requirements between the nursing home/HLTCU
495 from which the beds are being relocated and the nursing home/HLTCU receiving the beds.

496 (b) The relocated beds shall be placed in the same planning area.

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

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

503 (e) Relocation of beds shall not increase the rooms with three (3) or more bed wards in the
504 receiving facility.

505 (f) If beds have been added pursuant to Section 6(1)(d)(ii), then the applicant facility shall not
506 relocate any beds from the facility or replace a portion of beds to a new site following ~~CON~~ CON approval
507 and for at least 24 months from the date of the licensure of the new beds at the facility.

508 (g) THE APPLICANT SHALL COMPLY WITH THE FOLLOWING REQUIREMENTS, AS
509 APPLICABLE:

510 (i) THE SOURCE NURSING HOME/HLTCU SHALL HAVE AN AVERAGE OCCUPANCY RATE
511 OF AT LEAST 60%.

512 (ii) IF THE SOURCE NURSING HOME/HLTCU DOES NOT HAVE AN AVERAGE OCCUPANCY
513 RATE OF AT LEAST 60%, THEN THE SOURCE NURSING HOME/HLTCU SHALL REDUCE THE
514 APPROPRIATE NUMBER OF LICENSED BEDS TO ACHIEVE AN AVERAGE OCCUPANCY RATE OF
515 AT LEAST 60% UPON COMPLETION OF THE RELOCATION(S). THE SOURCE NURSING
516 HOME/HLTCU SHALL NOT EXCEED THE NUMBER OF BEDS CALCULATED AS FOLLOWS:

517 (A) AS OF THE DATE OF THE APPLICATION, CALCULATE THE NUMBER OF PATIENT DAYS
518 DURING THE MOST RECENT, CONSECUTIVE 36-MONTH PERIOD WHERE VERIFIABLE DATA IS
519 AVAILABLE TO THE DEPARTMENT, AND DIVIDE BY .60.

520 (B) DIVIDE THE RESULT OF SUBSECTION (I) ABOVE BY 1095 (OR 1096 IF THE 36-MONTH
521 PERIOD INCLUDES A LEAP YEAR) AND ROUND UP TO THE NEXT WHOLE NUMBER OR 7.

522 **WHICHEVER IS LARGER. THIS IS THE MAXIMUM NUMBER OF BEDS THAT CAN BE LICENSED AT**
523 **THE SOURCE NURSING HOME/HLTCU SITE AFTER THE RELOCATION.**

524 **(h) A SOURCE NURSING HOME/HLTCU SHALL APPLY FOR MULTIPLE RELOCATIONS ON**
525 **THE SAME APPLICATION DATE, AND THE APPLICATIONS CAN BE COMBINED TO MEET THE**
526 **CRITERIA OF (g)(2) ABOVE. A SEPARATE APPLICATION SHALL BE SUBMITTED FOR EACH**
527 **PROPOSED RELOCATION.**

528
529 (2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing
530 nursing home/HLTCU under subsection (1), shall not be required to be in compliance with the needed
531 nursing home bed supply if all of the following requirements are met:

532 (a) At the time of application, the applicant, as identified in the table, shall provide a report
533 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
534 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

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

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

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

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

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

555 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality
556 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review
557 (PASARR) or Civil Monetary Penalties (CMP).

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

560 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
561 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
562 include any unresolved deficiencies still outstanding with LARA.

(d) THE APPLICANT SHALL DEMONSTRATE THAT THE AVERAGE OCCUPANCY RATE FOR THE APPLICANT'S FACILITY, WHERE THE PROPOSED BEDS ARE TO BE LOCATED, WAS AT LEAST 60% DURING THE MOST RECENT, CONSECUTIVE 12-MONTH PERIOD, AS OF THE DATE OF THE SUBMISSION OF THE APPLICATION, FOR WHICH VERIFIABLE DATA ARE AVAILABLE TO THE DEPARTMENT. THIS SUBSECTION SHALL NOT APPLY IF ADDING BEDS FROM A SPECIAL POPULATION GROUP CONTAINED IN THE ADDENDUM TO THESE STANDARDS.

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

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

(1) An applicant proposing to acquire an existing nursing home/HLTCU shall not be required to be in compliance with the needed nursing home bed supply for the planning area in which the nursing home or HLTCU is located if all of the following requirements are met:

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

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

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

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

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

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

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

(vi) Delinquent debt obligation to the state of Michigan including, but not limited to, quality assurance assessment program (QAAP), Preadmission Screening and Annual Resident Review (PASARR) or civil monetary penalties (CMP).

- 605 (b) The acquisition will not result in a change in bed capacity.
 606 (c) The licensed site does not change as a result of the acquisition.
 607 (d) The project is limited solely to the acquisition of a nursing home/HLTCU with a valid license.
 608 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
 609 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
 610 include any unresolved deficiencies still outstanding with the Department, and
 611 (f) The applicant shall participate in a quality improvement program, approved by the Department,
 612 for five years and provide an annual report to the Michigan State Long-Term-Care Ombudsman, Bureau
 613 of Health Care Services within LARA, and shall post the annual report in the facility if the facility being
 614 acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).
 615 (g) If the applicant is a new entity with no prior NH-HLTCU history, the applicant shall submit proof
 616 that:
 617 (i) The nursing home/HLTCU to be acquired is no longer listed as a special focus nursing home by
 618 the Center for Medicare and Medicaid Services, or the applicant shall participate in a quality improvement
 619 program, approved by the Department, for five years and provide an annual report to the Michigan State
 620 Long-Term-Care Ombudsman, Bureau of Health Care Services within LARA, and shall post the annual
 621 report in the facility; and
 622 (ii) All delinquent debt obligations to the State of Michigan including, but not limited to, QAAP,
 623 PASARR or CMPs have been paid.
 624
 625 (2) An applicant proposing to acquire an existing nursing home/HLTCU approved pursuant to the
 626 new design model shall demonstrate the following:
 627 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 628 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 629 nursing homes/HLTCUs:
 630

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

- 631 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
 632 receivership within the last three years, or from the change of ownership date if the facility has come
 633 under common ownership or control within 24 months of the date of the application.
 634 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
 635 facility has come under common ownership or control within 24 months of the date of the application.
 636 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
 637 initiated by the Department or licensing and certification agency in another state, within the last three
 638 years, or from the change of ownership date if the facility has come under common ownership or control
 639 within 24 months of the date of the application.
 640 (iv) A number of citations at level D or above, excluding life safety code citations, on the scope and
 641 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
 642 from the quarter in which the standard survey was completed, in the state in which the nursing
 643 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
 644 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
 645

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

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

650 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality
651 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review
652 (PASARR) or Civil Monetary Penalties (CMP).

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

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

659 (d) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
660 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
661 include any unresolved deficiencies still outstanding with LARA.

662 (e) If the applicant is a new entity with no prior NH-HLTCU history, the applicant shall submit proof
663 that:

664 (i) The nursing home/HLTCU to be acquired is no longer listed as a special focus nursing home by
665 the Center for Medicare and Medicaid Services, or the applicant shall participate in a quality improvement
666 program, approved by the Department, for five years and provide an annual report to the Michigan State
667 Long-Term-Care Ombudsman, Bureau of Health Care Services within LARA, and shall post the annual
668 report in the facility; and

669 (ii) All delinquent debt obligations to the State of Michigan including, but not limited to, QAAP,
670 PASARR OR CMPs have been paid.

671
672 (3) An applicant proposing to renew the lease for an existing nursing home/HLTCU shall not be
673 required to be in compliance with the needed nursing home bed supply for the planning area in which the
674 nursing home/HLTCU is located, if all of the following requirements are met:

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

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

677 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
678 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
679 include any unresolved deficiencies still outstanding with LARA.

680
681 **(4) THE APPLICANT SHALL COMPLY WITH THE FOLLOWING REQUIREMENTS, AS**
682 **APPLICABLE:**

683 **(a) THE EXISTING NURSING HOME/HLTCU TO BE ACQUIRED SHALL HAVE AN AVERAGE**
684 **OCCUPANCY RATE OF AT LEAST 60%.**

685 **(b) IF THE AVERAGE OCCUPANCY RATE FOR THE EXISTING NURSING HOME/HLTCU IS**
686 **BELOW 60%, THE APPLICANT SHALL AGREE TO ALL OF THE FOLLOWING:**

687 **(i) THE NURSING HOME/HLTCU TO BE ACQUIRED WILL ACHIEVE AN AVERAGE**
688 **OCCUPANCY RATE OF AT LEAST 60% AVERAGE ANNUAL OCCUPANCY FOR THE REVISED**
689 **LICENSED BED COMPLEMENT DURING ANY CONSECUTIVE 12-MONTH PERIOD BY THE END OF**
690 **THE SECOND YEAR OF OPERATION AFTER COMPLETION OF THE ACQUISITION.**

691 **(A) CALCULATE AVERAGE OCCUPANCY RATE FOR BEDS AS FOLLOWS:**

692 **(1) CALCULATE THE NUMBER OF PATIENT DAYS DURING THE MOST RECENT,**
693 **CONSECUTIVE 12-MONTH PERIOD FOR WHICH VERIFIABLE DATA IS AVAILABLE TO THE**
694 **DEPARTMENT.**

695 **(2) DIVIDE THE NUMBER OF ADJUSTED PATIENT DAYS CALCULATED IN (1) ABOVE BY 365**
696 **(OR 366 IF A LEAP YEAR).**

(c) IF THE NURSING HOME/HLTCU TO BE ACQUIRED DOES NOT ACHIEVE AN AVERAGE ANNUAL OCCUPANCY RATE OF AT LEAST 60%, AS CALCULATED ABOVE, DURING ANY CONSECUTIVE 12-MONTH PERIOD BY THE END OF THE SECOND YEAR OF OPERATION AFTER COMPLETION OF THE ACQUISITION, THE APPLICANT SHALL RELINQUISH SUFFICIENT BEDS AT THE EXISTING NURSING HOME/HLTCU TO RAISE ITS AVERAGE OCCUPANCY TO 60%. THE REVISED NUMBER OF LICENSED BEDS AT THE NURSING HOME/HLTCU SHALL BE CALCULATED AS FOLLOWS. HOWEVER, THE NURSING HOME/HLTCU OR UNIT SHALL NOT BE REDUCED TO LESS THAN 7 BEDS.

(i) AS OF THE DATE OF THE APPLICATION, CALCULATE THE NUMBER OF PATIENT DAYS DURING THE MOST RECENT, CONSECUTIVE 12-MONTH PERIOD WHERE VERIFIABLE DATA IS AVAILABLE TO THE DEPARTMENT, AND DIVIDE BY .60.

(ii) DIVIDE THE RESULT OF SUBSECTION (I) ABOVE BY 365 (OR 366 IF THE 12-MONTH PERIOD INCLUDES A LEAP YEAR) AND ROUND UP TO THE NEXT WHOLE NUMBER OR 7, WHICHEVER IS LARGER. THIS IS THE MAXIMUM NUMBER OF BEDS THAT CAN BE LICENSED AT THE EXISTING LICENSED NURSING HOME/HLTCU SITE AFTER ACQUISITION.

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	
	Existing	Proposed
50 – 69%	4	3
70 – 100%	8	7

(b) A qualifying project will be awarded 10 points if all beds in the proposed project will be dually certified for both Medicare and Medicaid services by the second 12 months of operation.

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

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

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

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

(d) has had a state enforcement action resulting in a reduction in license capacity or a ban on admissions within the last three (3) years; or

742 (e) has any delinquent debt obligation to the state of Michigan including, but not limited to, quality
743 assurance assessment program (QAAP), civil monetary penalties (CMP), Medicaid level of care
744 determination (LOCD), or preadmission screening and annual resident review (PASARR).
745

746 (4) A qualifying project will be awarded three (3) points if the applicant provides documentation that
747 it participates or if it proposes to participate in a culture change model, which contains person centered
748 care, ongoing staff training, and measurements of outcomes. An additional five (5) points will be awarded
749 if the culture change model, either currently used or proposed, is a model approved by the Department.
750

751 (5) A qualifying project will be awarded points based on the proposed percentage of the
752 "Applicant's cash" to be applied toward funding the total proposed project cost as follows:
753

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

754
755 (6) A qualifying project will be awarded four (4) points if the entire existing and proposed nursing
756 home/HLTCU is fully equipped with air conditioning. Fully equipped with air conditioning means meeting
757 the design temperatures in table 6b of the minimum design standards for health care facilities in Michigan
758 and capable of maintaining a temperature of 71 – 81 degrees for the resident unit corridors.
759

760 (7) A qualifying project will be awarded six (6) or four (4) points based on only one of the following:

761 (a) Six (6) points if the proposed project has 100% rooms with dedicated toilet room containing a
762 sink, water closet, and bathing facility or

763 (b) Four (4) points if the proposed project has 80% private rooms with dedicated toilet room
764 containing a sink, water closet and bathing facility.
765

766 (8) A qualifying project will be awarded 10 points if it results in a nursing home/HLTCU with 150 or
767 fewer beds in total.
768

769 (9) A qualifying project will be awarded five (5) points if the proposed beds will be housed in new
770 construction.
771

772 (10) A qualifying project will be awarded 10 points if the entire existing nursing home/HLTCU and its
773 proposed project will have no more than double occupancy rooms at completion of the project.
774

775 (11) A qualifying project will be awarded two (2) points if the existing or proposed nursing
776 home/HLTCU is on or readily accessible to an existing or proposed public transportation route.
777

778 (12) A qualifying project will be awarded points for technological innovation as follows:
779

INNOVATIONS	Points Awarded
The proposed project will have wireless nurse call/paging system including wireless devices carried by direct care staff	1
Wireless internet with resident access to related equipment/device in entire facility	1
An integrated electronic medical records system with point-of-service access capability (including wireless devices) for all disciplines including pharmacy, physician, nursing, and therapy services at the entire existing and proposed nursing home/HLTCU	4
The proposed project will have a backup generator supporting all functions with an on-site or piped-in fuel supply and be capable of providing at least 48 hours of service at full load	4

781

782 (13) A qualifying project will be awarded three (3) points if the proposed project includes bariatric
783 rooms as follows: project using 0 – 49 beds will result in at least one (1) bariatric room or project using 50
784 or more beds will result in at least two (2) bariatric rooms. Bariatric room means the creation of patient
785 room(s) included as part of the CON project, and identified on the architectural schematics, that are
786 designed to accommodate the needs of bariatric patients weighing over 350 pounds. The bariatric patient
787 rooms shall have a larger entrance width for the room and bathroom to accommodate over-sized
788 equipment, and shall include a minimum of a bariatric bed, bariatric toilet, bariatric wheelchair, and a
789 device to assist resident movement (such as a portable or built-in lift). If an in-room shower is not
790 included in the bariatric patient room, the main/central shower room that is located on the same floor as
791 the bariatric patient room(s) shall include at least one (1) shower stall that has an opening width and
792 depth that is larger than minimum MI code requirements.

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

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803 (15) The Department shall approve those qualifying projects which, when taken together, do not
804 exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan
805 Compiled Laws, and which have the highest number of points when the results of subsections (2) through
806 (12) are totaled. If two or more qualifying projects are determined to have an identical number of points,
807 then the Department shall approve those qualifying projects which, when taken together, do not exceed
808 the need, as defined in Section 22225(1), in the order in which the applications were received by the
809 Department, based on the date and time stamp on the application when the application is filed.

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811 **Section 11. Project delivery requirements and terms of approval**

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813 Sec. 11. An applicant shall agree that, if approved, the nursing home/HLTCU services shall be
814 delivered in compliance with the following terms of approval:

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(1) Compliance with these standards, including the requirements of Section 10. If an applicant is awarded beds pursuant to Section 10 and representations made in that section, the Department shall monitor compliance with those statements and representations and shall determine actions for non-compliance.

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

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

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

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

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

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

- (a) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:
- (i) not deny services to any individual based on payor source.
 - (ii) maintain information by source of payment to indicate the volume of care from each payor and non-payor source provided annually.
 - (iii) provide services to any individual based on clinical indications of need for the services.

(4) Compliance with the following monitoring and reporting requirements:

(a) **THE AVERAGE OCCUPANCY RATE FOR ALL LICENSED BEDS AT THE NURSING HOME/HLTCU SHALL BE AT LEAST 60% FOR THE SECOND 12 MONTHS OF OPERATION, AND ANNUALLY THEREAFTER. IF THE AVERAGE OCCUPANCY RATE IS BELOW 60%, THE NUMBER**

866 OF BEDS SHALL BE REDUCED TO ACHIEVE A MINIMUM OF 60% AVERAGE ANNUAL OCCUPANCY
867 FOR THE REVISED LICENSED BED COMPLEMENT. HOWEVER, THE NURSING HOME/HLTCU
868 SHALL NOT BE REDUCED TO LESS THAN 7 BEDS.

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

876 (bc) The applicant shall provide the Department with timely notice of the proposed project
877 implementation consistent with applicable statute and promulgated rules.

878
879 (5) An applicant shall agree that, if approved, and material discrepancies are later determined
880 within the reporting of the ownership and citation history of the applicant facility and all nursing homes
881 under common ownership and control that would have resulted in a denial of the application, shall
882 surrender the CON. This does not preclude an applicant from reapplying with corrected information at a
883 later date.

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

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

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

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

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

897 Planning Area 84/Northwest Wayne

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

902 Planning area 85/Southwest Wayne

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

908 Planning area 86/Detroit

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

913 **Section 14. Effect on prior CON review standards, comparative reviews**

916 Sec. 14. (1) These CON review standards supersede and replace the CON Standards for Nursing
917 Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on
918 ~~December 11, 2014~~ JUNE 15, 2017 and effective on ~~March 20, 2015~~ SEPTEMBER 21, 2017.
919

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

922 (a) replacement of an existing nursing home/HLTCU being replaced in the replacement zone;

923 (b) replacement of an existing nursing home/HLTCU pursuant to Section 7(3) and within the same
924 planning area as the existing licensed site;

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

926 (d) an increase in beds pursuant to Section 6(1)(d)(ii).
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928 (3) Projects reviewed under these standards that relate solely to the acquisition of an existing
929 nursing home/HLTCU or the renewal of a lease shall not be subject to comparative review.
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APPENDIX A

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Counties assigned to each of the HSAs are as follows:

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

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Rural Michigan counties are as follows:

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

Micropolitan statistical area Michigan counties are as follows:

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

Metropolitan statistical area Michigan counties are as follows:

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

Source:

75 F.R., p. 37245 (June 28, 2010)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget

1028 **MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1029
1030 **CON REVIEW STANDARDS**
1031 **FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS**
1032 **--ADDENDUM FOR SPECIAL POPULATION GROUPS**
1033

1034 (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
1035 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
1036 sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)
1037

1038 **Section 1. Applicability; definitions**
1039

1040 Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and
1041 Hospital Long-term Care Unit Beds and shall be used for determining the need for projects established to
1042 better meet the needs of special population groups within the long-term care and nursing home
1043 populations.
1044

1045 (2) Except as provided in sections 2, 3, 4, 5, 6, 7, and 8 of this addendum, these standards
1046 supplement, and do not supersede, the requirements and terms of approval required by the CON Review
1047 Standards for Nursing Home and Hospital Long-term Care Unit Beds.
1048

1049 (3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital
1050 Long-term Care Unit Beds shall apply to these standards.
1051

1052 (4) For purposes of this addendum, the following terms are defined:

1053 (a) "Bariatric patient" means a patient weighting over 350 pounds.

1054 (b) "Bariatric room" means the creation of patient room(s) included as part of the CON project, and
1055 identified on the architectural schematics, that are designed to accommodate the needs of bariatric
1056 patients weighing over 350 pounds. The bariatric patient rooms shall have a larger entrance width for the
1057 room and bathroom to accommodate over-sized equipment, and shall include a minimum of a bariatric
1058 bed, bariatric toilet, bariatric wheelchair, and a device to assist resident movement (such as a portable or
1059 build in lift). If an in-room shower is not included in the bariatric patient room, the main/central shower
1060 room that is located on the same floor as the bariatric patient room(s) shall include at least one (1)
1061 shower stall that has an opening width and depth that is larger than minimum MI Code requirements.

1062 (c) "Behavioral patient" means an individual that exhibits a history of chronic behavior
1063 management problems such as aggressive behavior that puts self or others at risk for harm, or an altered
1064 state of consciousness, including paranoia , delusions, and acute confusion.

1065 (d) "Infection control program," means a program that will reduce the risk of the introduction of
1066 communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance
1067 program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to
1068 the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread
1069 of a communicable disease.

1070 (e) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or
1071 a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being
1072 sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

1073 (f) "Private residence", means a setting other than a licensed hospital; or a nursing home including
1074 a nursing home or part of a nursing home approved pursuant to Section 6.

1075 (g) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or
1076 SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a
1077 degenerative or congenital nature. These impairments may be either temporary or permanent and cause
1078 partial or total functional disability or psychosocial adjustment.

1079 (h) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory
1080 assistance.

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

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

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

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

(a) These categories shall be allocated 1,039 beds and distributed as follows and shall be reduced/redistributed in accordance with subsection (c):

- (i) TBI/SCI beds will be allocated 400 beds.
- (ii) Behavioral beds will be allocated 400 beds.
- (iii) Bariatric beds will be allocated 60 beds.
- (iv) Ventilator-dependent beds will be allocated 179 beds.

(b) The following historical categories have been allocated 919 beds. Additional beds shall not be allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be eliminated and not be returned to the statewide pool for special population groups.

- (i) Alzheimer's disease has 384 beds.
- (ii) Health care needs for skilled nursing care has 173 beds.
- (iii) Religious has 292 beds.
- (iv) Hospice beds has 70 beds.

(c) The Commission may adjust/redistribute the number of beds available in the statewide pool for the needs of special population groups in subsection (1)(a) concurrent with the biennial recalculation of the statewide nursing home and hospital long-term care unit bed need. Modifying the number of beds available in the statewide pool for the needs of special population groups in subsection (1)(a) pursuant to this section shall not require a public hearing or submittal of the standard to the Legislature and the Governor in order to become effective.

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

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

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

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

- 1132 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1133 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1134 satisfaction of the Department each of the following:
- 1135 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1136 the time an application is submitted, the applicant shall demonstrate that it operates:
- 1137 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1138 patients; and
- 1139 (ii) A transitional living program or contracts with an organization that operates a transitional living
1140 program and rehabilitative care for TBI/SCI patients.
- 1141 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1142 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1143 recognized accreditation organization for rehabilitative care and services.
- 1144 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1145 nationally-recognized accreditation organization for the nursing home beds proposed under this
1146 subsection.
- 1147 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1148 under this subsection that provides for:
- 1149 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.
1150 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1151 TBI/SCI patients.
- 1152 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1153 activity.
- 1154 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1155 TBI/SCI patients of various ages.
- 1156
- 1157 (2) Beds approved under this subsection shall not be converted to or utilized as general nursing
1158 home use without a CON for nursing home and hospital long-term care unit beds under the CON review
1159 standards for nursing home and hospital long-term care unit beds and shall not be offered to individuals
1160 other than TBI/SCI patients.

1161
1162 **Section 5. Requirements for approval for beds from the statewide pool for special population**
1163 **groups allocated to behavioral patients**
1164

1165 Sec. 5. The CON Commission determines there is a need for beds for applications designed to
1166 determine the efficiency and effectiveness of specialized programs for the care and treatment of
1167 behavioral patients as compared to serving these needs in general nursing home unit(s).

- 1168 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1169 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1170 satisfaction of the Department each of the following:
- 1171 (a) Individual units shall consist of 20 beds or less per unit.
1172 (b) The facility shall not be awarded more than 40 beds.
1173 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1174 activity.
1175 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1176 for the use of the behavioral patients.
1177 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1178 promote visual and spatial orientation.
1179 (f) Staff will be specially trained in treatment of behavioral patients.

1180
1181 (2) Beds approved under this subsection shall not be converted to or utilized as general nursing
1182 home use without a CON for nursing home and hospital long-term care unit beds under the CON Review
1183 Standards for Nursing Home and Hospital Long-term Care Unit Beds.
1184

1185 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1186 Medicaid.

1187
1188 **Section 6. Requirements for approval for beds from the statewide pool for special population**
1189 **groups allocated to bariatric patients**

1190
1191 Sec. 6. The CON Commission determines there is a need for beds for applications designed to
1192 determine the efficiency and effectiveness of specialized programs for the care and treatment of bariatric
1193 patients as compared to serving these needs in general nursing home unit(s).

1194
1195 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1196 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1197 satisfaction of the Department, each of the following:

- 1198 (a) The facility shall not be awarded more than 10 beds.
- 1199 (b) The facility may place beds throughout the facility for a flexible and seamless inclusive resident
1200 design.
- 1201 (c) The proposed beds shall have adequate access to an outdoor or indoor area for activities with
1202 appropriate equipment.
- 1203 (d) The physical environment of any unit containing bariatric beds shall be designed to facilitate
1204 visitors.
- 1205 (e) The unit/beds shall have available specialty equipment to assist staff in providing care.
- 1206 (f) The beds shall be located on a ground floor and emergency egress will not require stairways or
1207 elevators to exit.
- 1208 (g) The beds shall be established in either single or double occupancy rooms, there shall be no
1209 rooms with more than two beds.

1210
1211 (2) Beds approved under this subsection shall not be converted to or utilized for general nursing
1212 home use without a CON for nursing home and hospital long-term care unit beds.

1213
1214 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1215 Medicaid.

1216
1217 **Section 7. Requirements for approval for beds from the statewide pool for special population**
1218 **groups allocated to ventilator-dependent patients**

1219
1220 Sec. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients
1221 within the long-term care and nursing home populations

1222
1223 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1224 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1225 satisfaction of the Department, each of the following:

- 1226 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed
1227 nursing home beds.
- 1228 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.
- 1229 (c) The proposed unit will serve only ventilator-dependent patients.

1230
1231 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1232 Medicaid.

1233
1234 (3) Beds approved under this subsection shall not be converted to or utilized for general nursing
1235 home use without a CON for nursing home and hospital long-term care unit beds.

1238 **Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum**
1239

1240 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool
1241 for special population groups allocated to religious shall meet the following:

1242 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a
1243 recognized religious organization, denomination or federation as evidenced by documentation of its
1244 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the
1245 United States Internal Revenue Code.

1246 (b) The applicant's patient population includes a majority of members of the religious organization
1247 or denomination represented by the sponsoring organization.

1248 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of
1249 a specific religion, denomination or order, including unique dietary requirements, or other unique religious
1250 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

1251 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1252 Medicaid.

1253
1254 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1255 special population groups allocated to TBI/SCI shall meet the following:

1256 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1257 the time an application is submitted, the applicant shall demonstrate that it operates:

1258 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1259 patients; and

1260 (ii) a transitional living program or contracts with an organization that operates a transitional living
1261 program and rehabilitative care for TBI/SCI patients.

1262 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1263 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1264 recognized accreditation organization for rehabilitative care and services.

1265 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1266 nationally-recognized accreditation organization for the nursing home beds proposed under this
1267 subsection.

1268 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1269 under this subsection that provides for:

1270 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1271 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1272 TBI/SCI patients.

1273 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1274 activity.

1275 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1276 TBI/SCI patients of various ages.

1277
1278 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1279 special population groups allocated to Alzheimer's disease shall meet the following:

1280 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1281 only patients which require long-term nursing care and have been appropriately classified as a patient on
1282 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1283 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1284 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1285 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1286 home and be no larger than 20 beds in size.

1287 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
1288 the health facility, appropriate for unsupervised activity.

1289 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1290 which is solely for the use of the Alzheimer's unit patients.

- 1291 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1292 reflections to promote visual and spatial orientation.
- 1293 (g) Staff will be specially trained in Alzheimer's disease treatment.
- 1294 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1295 Medicaid.
- 1296
- 1297 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1298 special population groups allocated to behavioral patients shall meet the following:
- 1299 (a) Individual units shall consist of 20 beds or less per unit.
- 1300 (b) The facility shall not be awarded more than 40 beds.
- 1301 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1302 activity.
- 1303 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1304 for the use of the behavioral patients.
- 1305 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1306 promote visual and spatial orientation.
- 1307 (f) Staff will be specially trained in treatment of behavioral patients.
- 1308 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1309 Medicaid.
- 1310
- 1311 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1312 special population groups allocated to hospice shall meet the following:
- 1313 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal
1314 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a
1315 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted
1316 to the Department.
- 1317 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date
1318 an application is submitted to the Department for which verifiable data are available to the Department, at
1319 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice
1320 were provided in a private residence.
- 1321 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1322 Medicaid.
- 1323
- 1324 (6) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1325 special population groups allocated to bariatric patients shall meet the following:
- 1326 (a) The facility shall not be awarded more than 10 beds.
- 1327 (b) The facility may place beds throughout the facility for a flexible and seamless inclusive resident
1328 design.
- 1329 (c) The proposed beds shall have adequate access to an outdoor or indoor area for activities with
1330 appropriate equipment.
- 1331 (d) The physical environment of any unit containing bariatric beds shall be designed to facilitate
1332 visitors.
- 1333 (e) The beds shall have available specialty equipment to assist staff in providing care.
- 1334 (f) The beds shall be located on a ground floor and emergency egress will not require stairways or
1335 elevators to exit.
- 1336 (g) Beds approved under this subsection shall not be converted to or utilized as general nursing
1337 home use without a CON for nursing home and hospital long-term care unit beds under the CON review
1338 standards.
- 1339 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1340 Medicaid.
- 1341
- 1342 (7) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1343 special population groups allocated to ventilator-dependent patients shall meet the following:

- 1344 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed
1345 nursing home beds.
1346 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.
1347 (c) The proposed unit will serve only ventilator-dependent patients.
1348 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1349 Medicaid.

1350
1351 **Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**
1352 **under Section 3(1) of this addendum**
1353

1354 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance
1355 with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-
1356 term Care Unit Beds.

1357
1358 (2) An applicant for beds from the statewide pool for special population groups allocated to
1359 religious shall agree that, if approved, the services provided by the specialized long-term care beds shall
1360 be delivered in compliance with the following term of CON approval:

1361 (a) The applicant shall document, at the end of the third year following initiation of beds approved
1362 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the
1363 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its
1364 average daily census for the third full year of operation.

1365 (3) An applicant for beds from the statewide pool for special population groups allocated to
1366 Alzheimer's disease shall agree that if approved:

1367
1368 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1369 only patients which require long-term nursing care and have been appropriately classified as a patient on
1370 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1371 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1372 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1373 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1374 home and be no larger than 20 beds in size.

1375 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
1376 the health facility, appropriate for unsupervised activity.

1377 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1378 which is solely for the use of the Alzheimer's unit patients.

1379 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1380 reflections to promote visual and spatial orientation.

1381 (g) Staff will be specially trained in Alzheimer's disease treatment.

1382
1383 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice
1384 shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in
1385 accordance with the following CON terms of approval.

1386 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish
1387 and maintain the ability to provide, either directly or through contractual arrangements, hospice services
1388 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.

1389 (b) The proposed project shall be designed to promote a home-like atmosphere that includes
1390 accommodations for family members to have overnight stays and participate in family meals at the
1391 applicant facility.

1392 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive,
1393 has AIDS or has AIDS related complex.

1394 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or
1395 have AIDS related complex in nursing home beds.

1396 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in
1397 nursing home beds.

1398 (f) Nursing home beds shall only be used to provide services to individuals suffering from a
1399 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being
1400 Section 333.21417 of the Michigan Compiled Laws.

1401 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not
1402 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled
1403 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.

1404 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section
1405 333.21401 et seq. of the Michigan Compiled Laws.

1406 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided
1407 by the applicant hospice to all of its clients will be provided in a private residence.

1408

1409 (5) An applicant for beds from the statewide pool for special population groups allocated to
1410 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection
1411 shall be operated in accordance with the following CON terms of approval.

1412 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been
1413 trained in the care and treatment of ventilator-dependent patients and includes at least the following:

1414 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-
1415 dependent patients.

1416 (ii) A program director that is a registered nurse.

1417 (b) An applicant shall make provisions, either directly or through contractual arrangements, for at
1418 least the following services:

1419 (i) respiratory therapy.

1420 (ii) occupational and physical therapy.

1421 (iii) psychological services.

1422 (iv) family and patient teaching activities.

1423 (c) An applicant shall establish and maintain written policies and procedures for each of the
1424 following:

1425 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1426 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the
1427 amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary
1428 services.

1429 (ii) The transfer of patients requiring care at other health care facilities.

1430 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1431 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.

1432 (iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,
1433 being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.

1434 (v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.

1435 (d) An applicant shall establish and maintain an organized infection control program that has
1436 written policies for each of the following:

1437 (i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and
1438 frequency of tube changes.

1439 (ii) placement and care of urinary catheters.

1440 (iii) care and use of thermometers.

1441 (iv) care and use of tracheostomy devices.

1442 (v) employee personal hygiene.

1443 (vi) aseptic technique.

1444 (vii) care and use of respiratory therapy and related equipment.

1445 (viii) isolation techniques and procedures.

1446 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at
1447 least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,
1448 and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.

1449 This subsection does not require a separate committee, if an applicant organization has a standing
1450 infection control committee and that committee's charge is amended to include a specific focus on the
1451 ventilator-dependent unit.

1452 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the
1453 immediate vicinity of the unit.

1454 (g) An applicant shall agree that the beds will not be used to service individuals that are not
1455 ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to
1456 applicable CON review standards.

1457 (h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result
1458 from providing services to ventilator-dependent patients in a hospital.

1459

1460 (6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI
1461 patients shall agree that if approved:

1462 (a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been
1463 trained in the care and treatment of such individuals and includes at least the following:

1464 (i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI
1465 patients.

1466 (ii) A program director that is a registered nurse.

1467 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.

1468 (b) An applicant shall establish and maintain written policies and procedures for each of the
1469 following:

1470 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1471 appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the
1472 required medical stability and the need for ancillary services, including dialysis services.

1473 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1474 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1475 any patient who requires such care.

1476 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1477 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,
1478 including support services to be provided by transitional living programs or other outpatient programs or
1479 services offered as part of a continuum of care to TBI patients by the applicant.

1480 (iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1481 patient care, rates of utilization and other considerations generally accepted as appropriate for review.

1482 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI
1483 patients meet professional recognized standards of health care for providers of such services and that
1484 such services were reasonable and medically appropriate to the clinical condition of the TBI patient
1485 receiving such services.

1486

1487 (7) An applicant for beds from the statewide pool for special population groups allocated to
1488 behavioral patients shall agree that if approved:

1489 (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been
1490 trained in the care and treatment of such individuals and includes at least the following:

1491 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral
1492 patients.

1493 (ii) A program director that is a registered nurse.

1494 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.

1495 (b) An applicant shall establish and maintain written policies and procedures for each of the
1496 following:

1497 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1498 appropriate for admission to the unit for behavioral patients.

1499 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1500 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1501 any patient who requires such care.

- 1502 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1503 patient care, rates of utilization and other considerations generally accepted as appropriate for review.
1504 (iv) quality assurance and assessment program to assure that services furnished to behavioral
1505 patients meet professional recognized standards of health care for providers of such services and that
1506 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient
1507 receiving such services.
1508 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines,
1509 specialized communication, and patient safety.
1510
1511 (8) An applicant for beds from the statewide pool for special population groups allocated to
1512 bariatric patients shall agree that if approved:
1513 (a) The facility shall not be awarded more than 10 beds.
1514 (b) The facility may place beds throughout the facility for a flexible and seamless inclusive resident
1515 design.
1516 (c) The proposed beds shall have adequate access to an outdoor or indoor area for activities with
1517 appropriate equipment.
1518 (d) The physical environment of any unit containing bariatric beds shall be designed to facilitate
1519 visitors.
1520 (e) The beds shall have available specialty equipment to assist staff in providing care.
1521 (f) The beds shall be located on a ground floor and emergency egress will not require stairways or
1522 elevators to exit.
1523 (g) The beds shall be established in either single or double occupancy rooms. There shall be no
1524 rooms with more than two beds.
1525 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1526 Medicaid.
1527

1528 **Section 10. Comparative reviews, effect on prior CON review standards**

- 1529
1530 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be
1531 subject to comparative review on a statewide basis.
1532
1533 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject
1534 to comparative review on a statewide basis.
1535
1536 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject
1537 to comparative review on a statewide basis.
1538
1539 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject
1540 to comparative review on a statewide basis.
1541
1542 (5) These CON review standards supercede and replace the CON Review Standards for Nursing
1543 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the
1544 Commission on December 11, 2014 and effective on March 20, 2015.
1545