

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**

11
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, FOR WHICH VERIFIABLE DATA ARE
42 AVAILABLE TO THE DEPARTMENT, DURING THE MOST RECENT, CONSECUTIVE 12-MONTH
43 PERIOD, AS OF THE DATE OF THE APPLICATION.

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 CON APPROVED BUT NOT YET
46 LICENSED BEDS BY THE TOTAL NUMBER OF DAYS THEY WERE LICENSED OR CON APPROVED
47 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 (tu) "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 **Section 3. Determination of needed nursing home bed supply**

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. FOR EACH HSA AND FOR EACH AGE COHORT~~
170 ~~ESTABLISHED IN SUBSECTION (1)(b), PERFORM THE FOLLOWING CALCULATIONS:~~

171 ~~(i) DETERMINE THE PATIENT DAYS AND POPULATION FOR THE BASE YEAR AND THREE~~
172 ~~YEARS PRIOR TO THE BASE YEAR.~~

173 ~~(ii) DETERMINE THE PATIENT DAY UTILIZATION RATE PER 1000 PEOPLE FOR THE BASE~~
174 ~~YEAR AND THREE YEARS PRIOR TO THE BASE YEAR BY DIVIDING THE PATIENT DAYS BY THE~~
175 ~~POPULATION AND MULTIPLYING BY 1000.~~

176 ~~(iii) DETERMINE THE AVERAGE YEARLY CHANGE IN THE PATIENT DAY UTILIZATION RATE~~
177 ~~FOR THE THREE-YEAR PERIOD BY SUBTRACTING THE UTILIZATION RATE IN THE BASE YEAR~~
178 ~~FROM THE UTILIZATION RATE FROM THREE YEARS PRIOR AND DIVIDING BY THREE.~~

179 ~~(iv) MULTIPLY THE AVERAGE YEARLY CHANGE IN THE PATIENT DAY UTILIZATION RATE~~
180 ~~BY THE NUMBER OF YEARS BETWEEN THE BASE YEAR AND THE PLANNING YEAR TO~~
181 ~~CALCULATE TOTAL EXPECTED CHANGE IN THE PATIENT DAY UTILIZATION RATE.~~

182 ~~(v) ADD THE TOTAL EXPECTED CHANGE IN THE PATIENT DAY UTILIZATION RATE TO THE~~
183 ~~PATIENT DAY UTILIZATION RATE TO CALCULATE THE PATIENT DAY UTILIZATION RATE IN THE~~
184 ~~PLANNING YEAR.~~

185 ~~(vi) DETERMINE THE "HIGH" AND "LOW" PATIENT DAY UTILIZATION RATE THRESHOLDS BY~~
186 ~~MULTIPLYING THE PATIENT DAY UTILIZATION RATE IN THE PLANNING YEAR BY 1.2 AND 0.8.~~

187 ~~(b) FOR EACH PLANNING AREA, PERFORM THE FOLLOWING CALCULATIONS:~~

188 ~~(i) DETERMINE THE PATIENT DAYS AND POPULATION FOR THE BASE YEAR.~~

189 ~~(ii) DETERMINE THE PATIENT DAY UTILIZATION RATE PER 1000 PEOPLE FOR THE BASE~~
190 ~~YEAR DIVIDING THE PATIENT DAYS BY THE POPULATION AND MULTIPLYING BY 1000.~~

191 ~~(iii) FOR EACH AGE COHORT, COMPARE THE PATIENT DAY UTILIZATION RATE TO THE~~
192 ~~PATIENT DAY UTILIZATION RATE THRESHOLDS OF THE HSA IN WHICH THE PLANNING AREA IS~~
193 ~~LOCATED.~~

194 ~~(A) IF THE PLANNING AREA UTILIZATION RATE IS GREATER THAN THE HSA HIGH~~
195 ~~THRESHOLD, REPLACE THE PLANNING AREA UTILIZATION RATE WITH THE HSA HIGH~~
196 ~~THRESHOLD VALUE.~~

197 ~~(B) IF THE PLANNING AREA UTILIZATION RATE IS LESS THAN THE HSA HIGH THRESHOLD,~~
198 ~~REPLACE THE PLANNING AREA UTILIZATION RATE WITH THE HSA LOW THRESHOLD VALUE.~~

199 (C) IF THE PLANNING AREA UTILIZATION RATE FALLS BETWEEN THE HSA LOW AND HIGH
200 THRESHOLDS, IT IS UNCHANGED.

201 (iv) FOR EACH AGE COHORT, MULTIPLY THE PREDICTED POPULATION IN THE PLANNING
202 YEAR BY THE PLANNING AREA UTILIZATION RATE DETERMINED IN SUBSECTION (2)(b)(iii) TO
203 CALCULATE THE PREDICTED NUMBER OF PATIENT DAYS IN THE PLANNING YEAR.

204 (v) SUM THE PREDICTED NUMBER OF PATIENT DAYS IN THE PLANNING YEAR FOR EACH
205 AGE COHORT TO CALCULATE THE TOTAL PREDICTED PATIENT DAYS.

206 (vi) DIVIDE THE TOTAL PREDICTED PATIENT DAYS BY 365 (OR 366 FOR LEAP YEARS) TO
207 OBTAIN THE PREDICTED AVERAGE DAILY CENSUS (ADC).

208 (vii) DIVIDE THE ADC BY 0.90 TO OBTAIN THE NUMBER OF BEDS NEEDED FOR THE
209 PLANNING AREA IN THE PLANNING YEAR.

210 **Section 4. Bed need**

211
212
213 Sec. 4. (1) The bed need numbers shall apply to project applications subject to review under these
214 standards, except where a specific CON standard states otherwise.

215
216 (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis.

217
218 (3) The base year and the planning year that shall be utilized in applying the methodology pursuant
219 to subsection (2) shall be set according to the most recent data available to the Department.

220
221 (4) The effective date of the bed need numbers shall be established by the Commission.

222
223 (5) New bed need numbers established by subsections (2) and (3) shall supersede previous bed
224 need numbers and shall be posted on the state of Michigan CON web site as part of the Nursing
225 Home/HLTCU Bed Inventory.

226
227 (6) Modifications made by the Commission pursuant to this section shall not require standard
228 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
229 Governor in order to become effective.

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

231
232
233 Sec. 5. (1) The base year shall be modified based on data obtained from the Department and
234 presented to the Commission. The Department shall calculate use rates for each of the age cohorts set
235 forth in Section 3(1)(b) and biennially present the revised use rates based on 2006 information, or the
236 most recent base year information available biennially after 2006, to the CON Commission.

237
238 (2) The Commission shall establish the effective date of the modifications made pursuant to
239 subsection (1).

240
241 (3) Modifications made by the Commission pursuant to subsection (1) shall not require standard
242 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
243 Governor in order to become effective.

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

245
246
247 Sec. 6. An applicant proposing to increase the number of nursing home beds in a planning area
248 must meet the following as applicable:

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

252 (a) At the time of application, the applicant, as identified in the table, shall provide a report
253 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
254 nursing homes/HLTCUs:
255

| 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 |

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

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

261 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
262 initiated by the Department or licensing and certification agency in another state, within the last three
263 years, or from the change of ownership date if the facility has come under common ownership or control
264 within 24 months of the date of the application.
265

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

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

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

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

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

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

288 (i) An applicant may request and be approved for up to a maximum of 20 beds if, when the total
289 number of "existing nursing home beds" is subtracted from the bed need for the planning area, the

290 difference is equal to or more than 1 and equal to or less than 20. This subsection is not applicable to
291 projects seeking approval for beds from the statewide pool of beds.

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

294 (A) The applicant facility has experienced an average occupancy rate of 92% for the most recent
295 12 consecutive months and 90% or above for the prior 12 months as verifiable by the Department as of
296 the date an application is submitted to the Department.

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

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

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

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

306 ~~(e) The applicant shall demonstrate that the planning area for the proposed project has an~~
307 ~~occupancy rate of 85% or more as published by the Department in the most recent CON Annual Survey~~
308 ~~reports.~~

309
310 (2) An applicant proposing to increase the number of nursing home beds in a planning area by
311 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing
312 licensed nursing home/HLTCU pursuant to the new design model shall demonstrate the following:

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

316

| 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 |

317

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

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

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

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

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

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

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

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

341 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the
342 construction standards shall be those applicable to nursing homes in the document entitled Minimum
343 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section
344 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any
345 future versions.

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

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

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

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

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

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

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

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

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

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

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

369 ~~(f) The applicant shall demonstrate that the planning area for the proposed project has an~~
370 ~~occupancy rate of 85% or more as published by the Department in the most recent CON Annual Survey~~
371 ~~reports.~~

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

373 Sec. 7. An applicant proposing to replace beds must meet the following as applicable.
374

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

377 (a) At the time of application, the applicant, as identified in the table, shall provide a report
378 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
379 nursing homes/HLTCUs:
380
381

382
383
384
385
386

| 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 |

387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422

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

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

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

(e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies 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. THE REPLACEMENT FACILITY SHALL CERTIFY A SUFFICIENT NUMBER OF

MEDICAID BEDS TO SATISFY THE NEEDS OF THOSE CURRENT MEDICAID PATIENTS WHO 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.

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

465 (f) THE CURRENT PATIENTS OF THE FACILITY/BEDS BEING REPLACED SHALL BE
466 ADMITTED TO THE REPLACEMENT BEDS WHEN THE REPLACEMENT BEDS ARE LICENSED TO
467 THE EXTENT THAT THOSE PATIENTS DESIRE TO TRANSFER TO THE REPLACEMENT
468 FACILITY/BEDS. THE REPLACEMENT FACILITY SHALL CERTIFY A SUFFICIENT NUMBER OF
469 MEDICAID BEDS TO SATISFY THE NEEDS OF THOSE CURRENT MEDICAID PATIENTS WHO
470 DESIRE TO TRANSFER TO THE REPLACEMENT FACILITY/BEDS.

471
472 (3) An applicant proposing to replace beds with a new design model shall not be required to be in
473 compliance with the needed nursing home bed supply if all of the following requirements are met:

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

476 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the
477 construction standards shall be those applicable to nursing homes in the document entitled Minimum
478 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section
479 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any
480 future versions.

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

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

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

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

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

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

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

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

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

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

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

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

505 (d) An approved project may involve replacement of a portion of the beds of an existing facility at a
506 geographic location within the replacement zone that is not physically connected to the current licensed
507 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate
508 license shall be issued to the facility at the new location. If beds have been added pursuant to Section
509 6(1)(d)(ii), then the applicant facility shall not relocate any beds from the facility or replace a portion of
510 beds to a new site following CON approval and for at least 24 months from the date of the licensure of the
511 new beds at the facility.

512 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
513 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
514 include any unresolved deficiencies still outstanding with LARA.
515

516 **Section 8. Requirements for approval to relocate existing nursing home/HLTCU beds**
517

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

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

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

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

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

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

532 (f) If beds have been added pursuant to Section 6(1)(d)(ii), then the applicant facility shall not
533 **relocate any beds from the facility or replace a portion of beds to a new site following ~~con~~ CON approval**
534 and for at least 24 months from the date of the licensure of the new beds at the facility.
535

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

539 (a) At the time of application, the applicant, as identified in the table, shall provide a report
540 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
541 nursing homes/HLTCUs:
542

| 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 |

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

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

548 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
549 initiated by the Department or licensing and certification agency in another state, within the last three
550 years, or from the change of ownership date if the facility has come under common ownership or control
551 within 24 months of the date of the application.
552

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

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

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

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

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

570

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

573

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

576

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

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

583

| 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 |

584

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

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

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

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

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

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

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

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

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

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

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

616 (g) If the applicant is a new entity with no prior NH-HLTCU history, the applicant shall submit proof
 617 that:

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

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

625
 626 (2) An applicant proposing to acquire an existing nursing home/HLTCU approved pursuant to the
 627 new design model shall demonstrate the following:

628 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 629 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 630 nursing homes/HLTCUs:
 631

| 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 |

632

- 633 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
634 receivership within the last three years, or from the change of ownership date if the facility has come
635 under common ownership or control within 24 months of the date of the application.
- 636 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
637 facility has come under common ownership or control within 24 months of the date of the application.
- 638 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
639 initiated by the Department or licensing and certification agency in another state, within the last three
640 years, or from the change of ownership date if the facility has come under common ownership or control
641 within 24 months of the date of the application.
- 642 (iv) A number of citations at level D or above, excluding life safety code citations, on the scope and
643 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
644 from the quarter in which the standard survey was completed, in the state in which the nursing
645 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
646 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
647 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
648 the change of ownership date, shall be excluded.
- 649 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
650 Services.
- 651 (vi) Delinquent debt obligation to the State of Michigan including, but not limited to, Quality
652 Assurance Assessment Program (QAAP), Preadmission Screening and Annual Resident Review
653 (PASARR) or Civil Monetary Penalties (CMP).
- 654 (b) An applicant will continue to operate the existing nursing home/HLTCU pursuant to the new
655 design model requirements.
- 656 (c) The applicant shall participate in a quality improvement program, approved by the Department,
657 for five years and provide an annual report to the Michigan State Long-Term-Care Ombudsman, Bureau
658 of Health of Health Care Services within LARA, and shall post the annual report in the facility if the facility
659 being acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v), or (vi).
- 660 (d) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
661 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
662 include any unresolved deficiencies still outstanding with LARA.
- 663 (e) If the applicant is a new entity with no prior NH-HLTCU history, the applicant shall submit proof
664 that:
- 665 (i) The nursing home/HLTCU to be acquired is no longer listed as a special focus nursing home by
666 the Center for Medicare and Medicaid Services, or the applicant shall participate in a quality improvement
667 program, approved by the Department, for five years and provide an annual report to the Michigan State
668 Long-Term-Care Ombudsman, Bureau of Health Care Services within LARA, and shall post the annual
669 report in the facility; and
- 670 (ii) All delinquent debt obligations to the State of Michigan including, but not limited to, QAAP,
671 PASARR OR CMPs have been paid.
- 672
- 673 (3) An applicant proposing to renew the lease for an existing nursing home/HLTCU shall not be
674 required to be in compliance with the needed nursing home bed supply for the planning area in which the
675 nursing home/HLTCU is located, if all of the following requirements are met:
- 676 (a) The lease renewal will not result in a change in bed capacity.
- 677 (b) The licensed site does not change as a result of the lease renewal.
- 678 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
679 been submitted and approved by the Bureau of Health Care Services within LARA. Code deficiencies
680 include any unresolved deficiencies still outstanding with LARA.

681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696

697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722

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

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

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

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

| Percentage "Applicant's Cash" | Points Awarded |
|-------------------------------|----------------|
|-------------------------------|----------------|

| | |
|----------|---|
| Over 20% | 5 |
| 10 – 20% | 3 |
| 5 – 9% | 2 |

723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749

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

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

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

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

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

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

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

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

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

| 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 |

750
751
752

(13) A qualifying project will be awarded three (3) points if the proposed project includes bariatric rooms as follows: project using 0 – 49 beds will result in at least one (1) bariatric room or project using 50

753 or more beds will result in at least two (2) bariatric rooms. Bariatric room means the creation of patient
754 room(s) included as part of the CON project, and identified on the architectural schematics, that are
755 designed to accommodate the needs of bariatric patients weighing over 350 pounds. The bariatric patient
756 rooms shall have a larger entrance width for the room and bathroom to accommodate over-sized
757 equipment, and shall include a minimum of a bariatric bed, bariatric toilet, bariatric wheelchair, and a
758 device to assist resident movement (such as a portable or build in lift). If an in-room shower is not
759 included in the bariatric patient room, the main/central shower room that is located on the same floor as
760 the bariatric patient room(s) shall include at least one (1) shower stall that has an opening width and
761 depth that is larger than minimum MI code requirements.
762

763 (14) Submission of conflicting information in this section may result in a lower point award. If an
764 application contains conflicting information which could result in a different point value being awarded in
765 this section, the Department will award points based on the lower point value that could be awarded from
766 the conflicting information. For example, if submitted information would result in 6 points being awarded,
767 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If
768 the conflicting information does not affect the point value, the Department will award points accordingly.
769 For example, if submitted information would result in 12 points being awarded and other conflicting
770 information would also result in 12 points being awarded, then 12 points will be awarded.
771

772 (15) The Department shall approve those qualifying projects which, when taken together, do not
773 exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan
774 Compiled Laws, and which have the highest number of points when the results of subsections (2) through
775 (12) are totaled. If two or more qualifying projects are determined to have an identical number of points,
776 then the Department shall approve those qualifying projects which, when taken together, do not exceed
777 the need, as defined in Section 22225(1), in the order in which the applications were received by the
778 Department, based on the date and time stamp on the application when the application is filed.
779

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

781
782 Sec. 11. An applicant shall agree that, if approved, the nursing home/HLTCU services shall be
783 delivered in compliance with the following terms of approval:
784

785 (1) Compliance with these standards, including the requirements of Section 10. If an applicant is
786 awarded beds pursuant to Section 10 and representations made in that section, the Department shall
787 monitor compliance with those statements and representations and shall determine actions for non-
788 compliance.
789

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

791 (a) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's
792 actual Medicaid participation within the time periods specified in these standards. Compliance with
793 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's
794 actual patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable
795 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative
796 review process. If any of the following occurs, an applicant shall be required to be in compliance with the
797 range in the schedule immediately below the range for which points had been awarded in Section
798 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in
799 order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid
800 recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between
801 the second 12 months of operation after project completion and the most recent 12-month period for
802 which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement

803 to the applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs
804 as defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security
805 Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's
806 patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed
807 nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days
808 reimbursed by Medicaid for the most recent year for which data are available from the Michigan
809 Department of Health and Human Services [subsection (iii) is applicable only to Section 10(2)(a)]. In
810 evaluating subsection (ii), the Department shall rely on both the annual inflation index and the actual rate
811 increases in per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing
812 homes/HLTCUs in the HSA.

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

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

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

822

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

824 (a) The applicant, to assure appropriate utilization by all segments of the Michigan population,
825 shall:

826 (i) not deny services to any individual based on payor source.

827 (ii) maintain information by source of payment to indicate the volume of care from each payor and
828 non-payor source provided annually.

829 (iii) provide services to any individual based on clinical indications of need for the services.

830

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

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

839 (b) The applicant shall provide the Department with timely notice of the proposed project
840 implementation consistent with applicable statute and promulgated rules.

841

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

847

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

850

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

852

853 Sec. 12. The Department shall maintain a listing of the Department Inventory of Beds for each
854 planning area.
855

856 **Section 13. Wayne County planning areas**
857

858 Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are
859 assigned to the planning areas as follows:
860

861 Planning Area 84/Northwest Wayne
862

863 Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville
864 Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland
865

866 Planning area 85/Southwest Wayne
867

868 Allen Park, Belleville, Brownstown Township, Ecorse, Flat Rock, Gibraltar, Grosse Ile Township, Huron
869 Township, Lincoln Park, Melvindale, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter
870 Township, Taylor, Trenton, Van Buren Township, Woodhaven, Wyandotte
871

872 Planning area 86/Detroit
873

874 Detroit, Grosse Pointe, Grosse Pointe Township, Grosse Pointe Farms, Grosse Pointe Park, Grosse
875 Pointe Woods, Hamtramck, Harper Woods, Highland Park
876

877 **Section 14. Effect on prior CON review standards, comparative reviews**
878

879 Sec. 14. (1) These CON review standards supersede and replace the CON Standards for Nursing
880 Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on
881 December 11, 2014 JUNE 18, 2020 and effective on March 20, 2015 SEPTEMBER 3, 2020.

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

- 884 (a) replacement of an existing nursing home/HLTCU being replaced in the replacement zone;
- 885 (b) replacement of an existing nursing home/HLTCU pursuant to Section 7(3) and within the same
886 planning area as the existing licensed site;
- 887 (c) relocation of existing nursing home/HLTCU beds; or
- 888 (d) an increase in beds pursuant to Section 6(1)(d)(ii).
889

890 (3) Projects reviewed under these standards that relate solely to the acquisition of an existing
891 nursing home/HLTCU or the renewal of a lease shall not be subject to comparative review.
892
893

APPENDIX A

894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942

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 |

943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989

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

990 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

991
992 CON REVIEW STANDARDS
993 FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS
994 --ADDENDUM FOR SPECIAL POPULATION GROUPS
995

996 (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
997 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
998 sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)
999

1000 **Section 1. Applicability; definitions**

1001
1002 Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and
1003 Hospital Long-term Care Unit Beds and shall be used for determining the need for projects established to
1004 better meet the needs of special population groups within the long-term care and nursing home
1005 populations.
1006

1007 (2) Except as provided in sections 2, 3, 4, 5, 6, 7, and 8 of this addendum, these standards
1008 supplement, and do not supersede, the requirements and terms of approval required by the CON Review
1009 Standards for Nursing Home and Hospital Long-term Care Unit Beds.
1010

1011 (3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital
1012 Long-term Care Unit Beds shall apply to these standards.
1013

1014 (4) For purposes of this addendum, the following terms are defined:

1015 (a) "Bariatric patient" means a patient weighting over 350 pounds.

1016 (b) "Bariatric room" means the creation of patient room(s) included as part of the CON project, and
1017 identified on the architectural schematics, that are designed to accommodate the needs of bariatric
1018 patients weighing over 350 pounds. The bariatric patient rooms shall have a larger entrance width for the
1019 room and bathroom to accommodate over-sized equipment, and shall include a minimum of a bariatric
1020 bed, bariatric toilet, bariatric wheelchair, and a device to assist resident movement (such as a portable or
1021 build in lift). If an in-room shower is not included in the bariatric patient room, the main/central shower
1022 room that is located on the same floor as the bariatric patient room(s) shall include at least one (1)
1023 shower stall that has an opening width and depth that is larger than minimum MI Code requirements.

1024 (c) "Behavioral patient" means an individual that exhibits a history of chronic behavior
1025 management problems such as aggressive behavior that puts self or others at risk for harm, or an altered
1026 state of consciousness, including paranoia, delusions, and acute confusion.

1027 (d) "Infection control program," means a program that will reduce the risk of the introduction of
1028 communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance
1029 program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to
1030 the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread
1031 of a communicable disease.

1032 (e) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or
1033 a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being
1034 sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

1035 (f) "Private residence", means a setting other than a licensed hospital; or a nursing home including
1036 a nursing home or part of a nursing home approved pursuant to Section 6.

1037 (g) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or
1038 SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a
1039 degenerative or congenital nature. These impairments may be either temporary or permanent and cause
1040 partial or total functional disability or psychosocial adjustment.

1041 (h) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory
1042 assistance.

1043
1044 **Section 2. Requirements for approval -- applicants proposing to increase nursing home beds --**
1045 **special use exceptions**

1046
1047 Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would
1048 otherwise cause the total number of nursing home beds in that planning area to exceed the needed
1049 nursing home bed supply or cause an increase in an existing excess as determined under the applicable
1050 CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be
1051 approved pursuant to this addendum.

1052
1053 **Section 3. Statewide pool for the needs of special population groups within the long-term care**
1054 **and nursing home populations**

1055
1056 Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is
1057 established to better meet the needs of special population groups within the long-term care and nursing
1058 home populations. Beds in the pool shall be allocated as follows:

1059 (a) These categories shall be allocated 1,039 beds and distributed as follows and shall be
1060 reduced/redistributed in accordance with subsection (c):

- 1061 (i) TBI/SCI beds will be allocated 400 beds.
- 1062 (ii) Behavioral beds will be allocated 400 beds.
- 1063 (iii) Bariatric beds will be allocated 60 beds.
- 1064 (iv) Ventilator-dependent beds will be allocated 179 beds.

1065 (b) The following historical categories have been allocated 919 beds. Additional beds shall not be
1066 allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be
1067 eliminated and not be returned to the statewide pool for special population groups.

- 1068 (i) Alzheimer's disease has 384 beds.
- 1069 (ii) Health care needs for skilled nursing care has 173 beds.
- 1070 (iii) Religious has 292 beds.
- 1071 (iv) Hospice beds has 70 beds.

1072 (c) The Commission may adjust/redistribute the number of beds available in the statewide pool for
1073 the needs of special population groups in subsection (1)(a) concurrent with the biennial recalculation of
1074 the statewide nursing home and hospital long-term care unit bed need. Modifying the number of beds
1075 available in the statewide pool for the needs of special population groups in subsection (1)(a) pursuant to
1076 this section shall not require a public hearing or submittal of the standard to the Legislature and the
1077 Governor in order to become effective.

1078 (d) By setting aside these beds from the total statewide pool, the Commission's action applies only
1079 to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not
1080 preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or
1081 other health care settings in compliance with applicable statutory or certification requirements.

1082
1083 (2) Increases in nursing home beds approved under this addendum for special population groups
1084 shall not cause planning areas currently showing an unmet bed need to have that need reduced or
1085 planning areas showing a current surplus of beds to have that surplus increased.

1086
1087 **Section 4. Requirements for approval for beds from the statewide pool for special population**
1088 **groups allocated to TBI/SCI patients**

1089
1090 Sec. 4. The CON Commission determines there is a need for beds for applications designed to
1091 determine the efficiency and effectiveness of specialized programs for the care and treatment of TBI/SCI
1092 patients as compared to serving these needs in general nursing home unit(s).

1093 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1094 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1095 satisfaction of the Department each of the following:

1096 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1097 the time an application is submitted, the applicant shall demonstrate that it operates:

1098 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1099 patients; and

1100 (ii) A transitional living program or contracts with an organization that operates a transitional living
1101 program and rehabilitative care for TBI/SCI patients.

1102 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1103 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1104 recognized accreditation organization for rehabilitative care and services.

1105 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1106 nationally-recognized accreditation organization for the nursing home beds proposed under this
1107 subsection.

1108 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1109 under this subsection that provides for:

1110 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1111 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1112 TBI/SCI patients.

1113 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1114 activity.

1115 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1116 TBI/SCI patients of various ages.

1117
1118 (2) Beds approved under this subsection shall not be converted to or utilized as general nursing
1119 home use without a CON for nursing home and hospital long-term care unit beds under the CON review
1120 standards for nursing home and hospital long-term care unit beds and shall not be offered to individuals
1121 other than TBI/SCI patients.

1122
1123 **Section 5. Requirements for approval for beds from the statewide pool for special population**
1124 **groups allocated to behavioral patients**

1125
1126 Sec. 5. The CON Commission determines there is a need for beds for applications designed to
1127 determine the efficiency and effectiveness of specialized programs for the care and treatment of
1128 behavioral patients as compared to serving these needs in general nursing home unit(s).

1129 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1130 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1131 satisfaction of the Department each of the following:

1132 (a) Individual units shall consist of 20 beds or less per unit.

1133 (b) The facility shall not be awarded more than 40 beds.

1134 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1135 activity.

1136 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1137 for the use of the behavioral patients.

1138 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1139 promote visual and spatial orientation.

1140 (f) Staff will be specially trained in treatment of behavioral patients.

1141
1142 (2) Beds approved under this subsection shall not be converted to or utilized as general nursing
1143 home use without a CON for nursing home and hospital long-term care unit beds under the CON Review
1144 Standards for Nursing Home and Hospital Long-term Care Unit Beds.

1145 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1146 Medicaid.

1147
1148 **Section 6. Requirements for approval for beds from the statewide pool for special population**
1149 **groups allocated to bariatric patients**
1150

1151 Sec. 6. The CON Commission determines there is a need for beds for applications designed to
1152 determine the efficiency and effectiveness of specialized programs for the care and treatment of bariatric
1153 patients as compared to serving these needs in general nursing home unit(s).

- 1154
1155 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1156 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1157 satisfaction of the Department, each of the following:
1158 (a) The facility shall not be awarded more than 10 beds.
1159 (b) The facility may place beds throughout the facility for a flexible and seamless inclusive resident
1160 design.
1161 (c) The proposed beds shall have adequate access to an outdoor or indoor area for activities with
1162 appropriate equipment.
1163 (d) The physical environment of any unit containing bariatric beds shall be designed to facilitate
1164 visitors.
1165 (e) The unit/beds shall have available specialty equipment to assist staff in providing care.
1166 (f) The beds shall be located on a ground floor and emergency egress will not require stairways or
1167 elevators to exit.
1168 (g) The beds shall be established in either single or double occupancy rooms, there shall be no
1169 rooms with more than two beds.

1170
1171 (2) Beds approved under this subsection shall not be converted to or utilized for general nursing
1172 home use without a CON for nursing home and hospital long-term care unit beds.

1173
1174 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1175 Medicaid.

1176
1177 **Section 7. Requirements for approval for beds from the statewide pool for special population**
1178 **groups allocated to ventilator-dependent patients**
1179

1180 Sec. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients
1181 within the long-term care and nursing home populations

- 1182
1183 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1184 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1185 satisfaction of the Department, each of the following:
1186 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed
1187 nursing home beds.
1188 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.
1189 (c) The proposed unit will serve only ventilator-dependent patients.

1190
1191 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1192 Medicaid.

1193
1194 (3) Beds approved under this subsection shall not be converted to or utilized for general nursing
1195 home use without a CON for nursing home and hospital long-term care unit beds.

1196

1197 **Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum**
1198

1199 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool
1200 for special population groups allocated to religious shall meet the following:

1201 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a
1202 recognized religious organization, denomination or federation as evidenced by documentation of its
1203 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the
1204 United States Internal Revenue Code.

1205 (b) The applicant's patient population includes a majority of members of the religious organization
1206 or denomination represented by the sponsoring organization.

1207 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of
1208 a specific religion, denomination or order, including unique dietary requirements, or other unique religious
1209 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

1210 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1211 Medicaid.

1212
1213 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1214 special population groups allocated to TBI/SCI shall meet the following:

1215 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1216 the time an application is submitted, the applicant shall demonstrate that it operates:

1217 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1218 patients; and

1219 (ii) a transitional living program or contracts with an organization that operates a transitional living
1220 program and rehabilitative care for TBI/SCI patients.

1221 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1222 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1223 recognized accreditation organization for rehabilitative care and services.

1224 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1225 nationally-recognized accreditation organization for the nursing home beds proposed under this
1226 subsection.

1227 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1228 under this subsection that provides for:

1229 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1230 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1231 TBI/SCI patients.

1232 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1233 activity.

1234 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1235 TBI/SCI patients of various ages.

1236
1237 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1238 special population groups allocated to Alzheimer's disease shall meet the following:

1239 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1240 only patients which require long-term nursing care and have been appropriately classified as a patient on
1241 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1242 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1243 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1244 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1245 home and be no larger than 20 beds in size.

1246 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
1247 the health facility, appropriate for unsupervised activity.

- 1248 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1249 which is solely for the use of the Alzheimer's unit patients.
- 1250 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1251 reflections to promote visual and spatial orientation.
- 1252 (g) Staff will be specially trained in Alzheimer's disease treatment.
- 1253 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1254 Medicaid.
- 1255
- 1256 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1257 special population groups allocated to behavioral patients shall meet the following:
- 1258 (a) Individual units shall consist of 20 beds or less per unit.
- 1259 (b) The facility shall not be awarded more than 40 beds.
- 1260 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1261 activity.
- 1262 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1263 for the use of the behavioral patients.
- 1264 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1265 promote visual and spatial orientation.
- 1266 (f) Staff will be specially trained in treatment of behavioral patients.
- 1267 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1268 Medicaid.
- 1269
- 1270 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1271 special population groups allocated to hospice shall meet the following:
- 1272 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal
1273 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a
1274 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted
1275 to the Department.
- 1276 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date
1277 an application is submitted to the Department for which verifiable data are available to the Department, at
1278 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice
1279 were provided in a private residence.
- 1280 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1281 Medicaid.
- 1282
- 1283 (6) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1284 special population groups allocated to bariatric patients shall meet the following:
- 1285 (a) The facility shall not be awarded more than 10 beds.
- 1286 (b) The facility may place beds throughout the facility for a flexible and seamless inclusive resident
1287 design.
- 1288 (c) The proposed beds shall have adequate access to an outdoor or indoor area for activities with
1289 appropriate equipment.
- 1290 (d) The physical environment of any unit containing bariatric beds shall be designed to facilitate
1291 visitors.
- 1292 (e) The beds shall have available specialty equipment to assist staff in providing care.
- 1293 (f) The beds shall be located on a ground floor and emergency egress will not require stairways or
1294 elevators to exit.
- 1295 (g) Beds approved under this subsection shall not be converted to or utilized as general nursing
1296 home use without a CON for nursing home and hospital long-term care unit beds under the CON review
1297 standards.
- 1298 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1299 Medicaid.

1300 (7) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1301 special population groups allocated to ventilator-dependent patients shall meet the following:

1302 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed
1303 nursing home beds.

1304 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.

1305 (c) The proposed unit will serve only ventilator-dependent patients.

1306 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1307 Medicaid.

1308

1309 **Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**
1310 **under Section 3(1) of this addendum**

1311

1312 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance
1313 with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-
1314 term Care Unit Beds.

1315

1316 (2) An applicant for beds from the statewide pool for special population groups allocated to
1317 religious shall agree that, if approved, the services provided by the specialized long-term care beds shall
1318 be delivered in compliance with the following term of CON approval:

1319 (a) The applicant shall document, at the end of the third year following initiation of beds approved
1320 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the
1321 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its
1322 average daily census for the third full year of operation.

1323 (3) An applicant for beds from the statewide pool for special population groups allocated to
1324 Alzheimer's disease shall agree that if approved:

1325

1326 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1327 only patients which require long-term nursing care and have been appropriately classified as a patient on
1328 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1329 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1330 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1331 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1332 home and be no larger than 20 beds in size.

1333 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at
1334 the health facility, appropriate for unsupervised activity.

1335 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1336 which is solely for the use of the Alzheimer's unit patients.

1337 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1338 reflections to promote visual and spatial orientation.

1339 (g) Staff will be specially trained in Alzheimer's disease treatment.

1340

1341 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice
1342 shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in
1343 accordance with the following CON terms of approval.

1344 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish
1345 and maintain the ability to provide, either directly or through contractual arrangements, hospice services
1346 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.

1347 (b) The proposed project shall be designed to promote a home-like atmosphere that includes
1348 accommodations for family members to have overnight stays and participate in family meals at the
1349 applicant facility.

1350 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive,
1351 has AIDS or has AIDS related complex.

- 1352 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or
1353 have AIDS related complex in nursing home beds.
- 1354 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in
1355 nursing home beds.
- 1356 (f) Nursing home beds shall only be used to provide services to individuals suffering from a
1357 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being
1358 Section 333.21417 of the Michigan Compiled Laws.
- 1359 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not
1360 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled
1361 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.
- 1362 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section
1363 333.21401 et seq. of the Michigan Compiled Laws.
- 1364 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided
1365 by the applicant hospice to all of its clients will be provided in a private residence.
- 1366
- 1367 (5) An applicant for beds from the statewide pool for special population groups allocated to
1368 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection
1369 shall be operated in accordance with the following CON terms of approval.
- 1370 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been
1371 trained in the care and treatment of ventilator-dependent patients and includes at least the following:
- 1372 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-
1373 dependent patients.
- 1374 (ii) A program director that is a registered nurse.
- 1375 (b) An applicant shall make provisions, either directly or through contractual arrangements, for at
1376 least the following services:
- 1377 (i) respiratory therapy.
- 1378 (ii) occupational and physical therapy.
- 1379 (iii) psychological services.
- 1380 (iv) family and patient teaching activities.
- 1381 (c) An applicant shall establish and maintain written policies and procedures for each of the
1382 following:
- 1383 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1384 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the
1385 amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary
1386 services.
- 1387 (ii) The transfer of patients requiring care at other health care facilities.
- 1388 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1389 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.
- 1390 (iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,
1391 being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.
- 1392 (v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.
- 1393 (d) An applicant shall establish and maintain an organized infection control program that has
1394 written policies for each of the following:
- 1395 (i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and
1396 frequency of tube changes.
- 1397 (ii) placement and care of urinary catheters.
- 1398 (iii) care and use of thermometers.
- 1399 (iv) care and use of tracheostomy devices.
- 1400 (v) employee personal hygiene.
- 1401 (vi) aseptic technique.
- 1402 (vii) care and use of respiratory therapy and related equipment.
- 1403 (viii) isolation techniques and procedures.

1404 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at
1405 least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,
1406 and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.
1407 This subsection does not require a separate committee, if an applicant organization has a standing
1408 infection control committee and that committee's charge is amended to include a specific focus on the
1409 ventilator-dependent unit.

1410 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the
1411 immediate vicinity of the unit.

1412 (g) An applicant shall agree that the beds will not be used to service individuals that are not
1413 ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to
1414 applicable CON review standards.

1415 (h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result
1416 from providing services to ventilator-dependent patients in a hospital.

1417
1418 (6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI
1419 patients shall agree that if approved:

1420 (a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been
1421 trained in the care and treatment of such individuals and includes at least the following:

1422 (i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI
1423 patients.

1424 (ii) A program director that is a registered nurse.

1425 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.

1426 (b) An applicant shall establish and maintain written policies and procedures for each of the
1427 following:

1428 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1429 appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the
1430 required medical stability and the need for ancillary services, including dialysis services.

1431 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1432 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1433 any patient who requires such care.

1434 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1435 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,
1436 including support services to be provided by transitional living programs or other outpatient programs or
1437 services offered as part of a continuum of care to TBI patients by the applicant.

1438 (iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1439 patient care, rates of utilization and other considerations generally accepted as appropriate for review.

1440 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI
1441 patients meet professional recognized standards of health care for providers of such services and that
1442 such services were reasonable and medically appropriate to the clinical condition of the TBI patient
1443 receiving such services.

1444
1445 (7) An applicant for beds from the statewide pool for special population groups allocated to
1446 behavioral patients shall agree that if approved:

1447 (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been
1448 trained in the care and treatment of such individuals and includes at least the following:

1449 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral
1450 patients.

1451 (ii) A program director that is a registered nurse.

1452 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.

1453 (b) An applicant shall establish and maintain written policies and procedures for each of the
1454 following:

- 1455 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1456 appropriate for admission to the unit for behavioral patients.
- 1457 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1458 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1459 any patient who requires such care.
- 1460 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1461 patient care, rates of utilization and other considerations generally accepted as appropriate for review.
- 1462 (iv) quality assurance and assessment program to assure that services furnished to behavioral
1463 patients meet professional recognized standards of health care for providers of such services and that
1464 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient
1465 receiving such services.
- 1466 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines,
1467 specialized communication, and patient safety.
- 1468
- 1469 (8) An applicant for beds from the statewide pool for special population groups allocated to
1470 bariatric patients shall agree that if approved:
- 1471 (a) The facility shall not be awarded more than 10 beds.
- 1472 (b) The facility may place beds throughout the facility for a flexible and seamless inclusive resident
1473 design.
- 1474 (c) The proposed beds shall have adequate access to an outdoor or indoor area for activities with
1475 appropriate equipment.
- 1476 (d) The physical environment of any unit containing bariatric beds shall be designed to facilitate
1477 visitors.
- 1478 (e) The beds shall have available specialty equipment to assist staff in providing care.
- 1479 (f) The beds shall be located on a ground floor and emergency egress will not require stairways or
1480 elevators to exit.
- 1481 (g) The beds shall be established in either single or double occupancy rooms. There shall be no
1482 rooms with more than two beds.
- 1483 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1484 Medicaid.

1485
1486 **Section 10. Comparative reviews, effect on prior CON review standards**

1487
1488 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be
1489 subject to comparative review on a statewide basis.

1490
1491 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject
1492 to comparative review on a statewide basis.

1493
1494 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject
1495 to comparative review on a statewide basis.

1496
1497 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject
1498 to comparative review on a statewide basis.

1499
1500 (5) These CON review standards supercede and replace the CON Review Standards for Nursing
1501 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the
1502 Commission on December 11, 2014 and effective on March 20, 2015.