

1 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
2
3 **CERTIFICATE OF NEED (CON) REVIEW STANDARDS**
4 **FOR PSYCHIATRIC BEDS AND SERVICES**
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. These standards are requirements for the approval under Part 222 of the Code that involve
13 (a) beginning operation of a new psychiatric service, (b) replacing licensed psychiatric beds or physically
14 relocating licensed psychiatric beds from one licensed site to another geographic location, or (c)
15 increasing licensed psychiatric beds within a psychiatric hospital or unit licensed under the Mental Health
16 Code, 1974 PA 258, or (d) acquiring a psychiatric service pursuant to Part 222 of the Code. A psychiatric
17 hospital or unit 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 hospital beds is a change in bed capacity for purposes of Part 222 of the
22 Code.
23

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

27 **Section 2. Definitions**

28
29 Sec. 2. (1) For purposes of these standards:
30

31 (a) "Acquisition of a psychiatric hospital or unit" means the issuance of a new license as the result of
32 the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing
33 licensed psychiatric hospital or unit and which does not involve a change in the number of licensed
34 psychiatric beds at that health facility.

35 (b) "Adult" means any individual aged 18 years or older.

36 (c) "Base year" means the most recent year for which verifiable data are collected by the Department
37 and are available separately for the population age cohorts of 0 to 17 and 18 and older.

38 (d) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to
39 Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

40 (e) "Child/adolescent" means any individual less than 18 years of age.

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

43 (g) "Community mental health board" or "board" or "CMH" means the board of a county(s) community
44 mental health board as referenced in the provisions of MCL 330.1200 to 330.1246.

45 (h) "Comparative group" means the applications which have been grouped for the same type of
46 project in the same planning area **OR STATEWIDE SPECIAL POPULATION GROUP** and are being
47 reviewed comparatively in accordance with the CON rules.

48 (i) "Department" means the Michigan Department of Community Health (MDCH).

49 (j) "Department inventory of beds" means the current list maintained for each planning area on a
50 continuing basis by the Department which includes:

51 (i) licensed adult and child/adolescent psychiatric beds; and

52 (ii) adult and child/adolescent psychiatric beds approved by a valid CON, which are not yet licensed.

53 A separate inventory will be maintained for child/adolescent beds and adult beds.

54 (k) "Existing adult inpatient psychiatric beds" or "existing adult beds" means:
55 (i) all adult beds in psychiatric hospitals or units licensed by the Department pursuant to the Mental
56 Health Code;
57 (ii) all adult beds approved by a valid CON, which are not yet licensed;
58 (iii) proposed adult beds under appeal from a final Department decision, or pending a hearing from a
59 proposed decision; and
60 (iv) proposed adult beds that are part of a completed application (other than the application or
61 applications in the comparative group under review) which are pending final Department decision.
62 (l) "Existing child/adolescent inpatient psychiatric beds" or "existing child/adolescent beds" means:
63 (i) all child/adolescent beds in psychiatric hospitals or units licensed by the Department pursuant to
64 the Mental Health Code;
65 (ii) all child/adolescent beds approved by a valid CON, which are not yet licensed;
66 (iii) proposed child/adolescent beds under appeal from a final Department decision, or pending a
67 hearing from a proposed decision; and
68 (iv) proposed child/adolescent beds that are part of a completed application (other than the
69 application or applications in the comparative group under review) which are pending final Department
70 decision.
71 (m) "Flex bed" means an existing adult psychiatric bed converted to a child/adolescent psychiatric bed
72 in an existing child/adolescent psychiatric service to accommodate during peak periods and meet patient
73 demand.
74 (n) "Initiation of service" means the establishment of an inpatient psychiatric unit with a specified
75 number of beds at a site not currently providing psychiatric services.
76 (o) "Involuntary commitment status" means a hospital admission effected pursuant to the provisions
77 of MCL 330.1423 to 330.1429.
78 (p) "Licensed site" means the location of the facility authorized by license and listed on that licensee's
79 certificate of licensure.
80 (q) "Medicaid" means title XIX of the Social Security Act, chapter 531, 49 Stat. 620, 1396 to 1396g
81 and 1396i to 1396u.
82 (r) "Mental Health Code" means Act 258 of the Public Acts of 1974, as amended, being Sections
83 330.1001 to 330.2106 of the Michigan Compiled Laws.
84 (s) "Mental health professional" means an individual who is trained and experienced in the area of
85 mental illness or developmental disabilities and who is any 1 of the following:
86 (i) a physician who is licensed to practice medicine or osteopathic medicine and surgery in Michigan
87 and who has had substantial experience with mentally ill, mentally retarded, or developmentally disabled
88 clients for 1 year immediately preceding his or her involvement with a client under administrative rules
89 promulgated pursuant to the Mental Health Code;
90 (ii) a psychologist who is licensed in Michigan pursuant to the provisions of MCL 333.16101 to
91 333.18838;
92 (iii) a licensed master's social worker licensed in Michigan Pursuant to the provisions of MCL
93 333.16101 to 333.18838;
94 (iv) a registered nurse who is licensed in Michigan pursuant to the provisions of MCL 333.16101 to
95 333.18838;
96 (v) a licensed professional counsel or licensed in Michigan pursuant to the provisions of MCL
97 333.16101 to 333.18838;
98 (vi) a marriage and family therapist licensed in Michigan pursuant to the provisions of MCL 333.16101
99 to 333.18838;
100 (vii) a professional person, other than those defined in the administrative rules promulgated pursuant
101 to the Mental Health Code, who is designated by the Director of the Department or a director of a facility
102 operated by the Department in written policies and procedures. This mental health professional shall have
103 a degree in his or her profession and shall be recognized by his or her respective professional association
104 as being trained and experienced in the field of mental health. The term does not include non-clinical
105 staff, such as clerical, fiscal or administrative personnel.

- 106 (t) "Mental health service" means the provision of mental health care in a protective environment with
107 mental illness or mental retardation, including, but not limited to, chemotherapy and individual and group
108 therapies pursuant to MCL 330.2001.
- 109 (u) "Non-renewal or revocation of license" means the Department did not renew or revoked the
110 psychiatric hospital's or unit's license based on the hospital's or unit's failure to comply with state licensing
111 standards.
- 112 (v) "Non-renewal or termination of certification" means the psychiatric hospital's or unit's Medicare
113 and/or Medicaid certification was terminated or not renewed based on the hospital's or unit's failure to
114 comply with Medicare and/or Medicaid participation requirements.
- 115 (w) "Offer" means to provide inpatient psychiatric services to patients.
- 116 (x) "Physician" means an individual licensed in Michigan to engage in the practice of medicine or
117 osteopathic medicine and surgery pursuant to MCL 333.16101 to 333.18838.
- 118 (y) "Planning area" means the geographic boundaries of the groups of counties shown in Section 17.
- 119 (z) "Planning year" means a year in the future, at least 3 years but no more than 7 years, for which
120 inpatient psychiatric bed needs are developed. The planning year shall be a year for which official
121 population projections from the Department of Technology, Management and Budget or its designee are
122 available.
- 123 (aa) "Psychiatric hospital" means an inpatient program operated by the Department for the treatment
124 of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or
125 psychiatric unit licensed under pursuant to MCL 330.1137.
- 126 (bb) "Psychiatrist" means 1 or more of the following, pursuant to MCL 330.1100c:
- 127 (i) a physician who has completed a residency program in psychiatry approved by the Accreditation
128 Council for Graduate Medical Education or The American Osteopathic Association, or who has completed
129 12 months of psychiatric rotation and is enrolled in an approved residency program;
- 130 (ii) a psychiatrist employed by or under contract with the Department or a community health services
131 program on March 28, 1996;
- 132 (iii) a physician who devotes a substantial portion of his or her time to the practice of psychiatry and is
133 approved by the Director.
- 134 (cc) "Psychiatric unit" means a unit of a general hospital that provides inpatient services for individuals
135 with serious mental illness or serious emotional disturbances pursuant to MCL 330.1100c.
- 136 (dd) "Psychologist" means an individual licensed to engage in the practice of psychology, who devotes
137 a substantial portion of his or her time to the diagnosis and treatment of individuals with serious mental
138 illness, serious emotional disturbance, or developmental disability, pursuant to MCL 333.16101 to
139 333.18838.
- 140 (ee) "Public patient" means an individual approved for mental health services by a CMH or an
141 individual who is admitted as a patient under the Mental Health Code, Act No. 258 of the Public Acts of
142 1974, being Sections 330.1423, 330.1429, and 330.1438 of the Michigan Compiled Laws.
- 143 (ff) "Qualifying project" means each application in a comparative group which has been reviewed
144 individually and has been determined by the Department to have satisfied all of the requirements of
145 Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other
146 applicable requirements for approval in the Code and these standards.
- 147 (gg) "Registered professional nurse" or "R.N." means an individual licensed in Michigan pursuant to
148 the provisions of MCL 333.16101 to 333.18838.
- 149 (hh) "Relocate existing licensed inpatient psychiatric beds" means a change in the location of existing
150 inpatient psychiatric beds from the existing licensed psychiatric hospital site to a different existing licensed
151 psychiatric hospital site within the same planning area. This definition does not apply to projects involving
152 replacement beds in a psychiatric hospital or unit governed by Section 7 of these standards.
- 153 (ii) "Replace beds" means a change in the location of the licensed psychiatric hospital or unit, or the
154 replacement of a portion of the licensed beds at the same licensed site. The beds will be in new physical
155 plant space being developed in new construction or in newly acquired space (purchase, lease, donation,
156 etc.) within the replacement zone.
- 157 (jj) "Replacement zone" means a proposed licensed site that is:
- 158 (i) in the same planning area as the existing licensed site; and

159 (ii) on the same site, on a contiguous site, or on a site within 15 miles of the existing licensed site.
160 (kk) "Social worker" means an individual registered in Michigan to engage in social work under the
161 provisions of MCL 333.18501.

162
163 (2) The terms defined in the Code have the same meanings when used in these standards.
164

165 **Section 3. Determination of needed inpatient psychiatric bed supply**

166
167 Sec. 3. (1) Until changed by the Commission in accordance with Section 5, the use rate for the base
168 year for the population age 0-17 is set forth in Appendix B.

169
170 (2) The number of child/adolescent inpatient psychiatric beds needed in a planning area shall be
171 determined by the following formula:

172 (a) Determine the population for the planning year for each separate planning area for the population
173 age 0-17.

174 (b) Multiply the population by the use rate established in Appendix B. The resultant figure is the total
175 patient days.

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

178 (d) Divide the ADC by 0.75.

179 (e) For each planning area, all psychiatric hospitals or units with an average occupancy of 60% or
180 less for the previous 24 months will have the ADC, for the previous 24 months, multiplied by 1.7. The net
181 decrease from the current licensed beds will give the number to be added to the bed need.

182 (f) The adjusted bed need for the planning area is the sum of the results of subsections (d) and (e).
183 round up to the nearest whole number.

184
185 (3) The number of needed adult inpatient psychiatric beds shall be determined by multiplying the
186 population aged 18 years and older for the planning year for each planning area by either:

187 (a) The ratio of adult beds per 10,000 adult population set forth in Appendix A; or

188 (b) The statewide ratio of adult beds per 10,000 adult population set forth in Appendix A, whichever is
189 lower; and dividing the result by 10,000. If the ratio set forth in Appendix A for a specific planning area is
190 "0", the statewide ratio of adult beds per 10,000 adult population shall be used to determine the number of
191 needed adult inpatient psychiatric beds.

192 (c) For each planning area, an addition to the bed need will be made for low occupancy facilities. All
193 psychiatric hospitals or units with an average occupancy of 60% or less for the previous 24 months will
194 have the ADC, for the previous 24 months, multiplied by 1.5. The net decrease from the current licensed
195 beds will give the number to be added to the bed need.

196 (d) The adjusted bed need for the planning area is the sum of the results of subsections (b) and (c).
197

198 **Section 4. Bed need for inpatient psychiatric beds**

199
200 Sec. 4. (1) The bed need numbers determined pursuant to Section 3 shall apply to projects subject to
201 review under these standards, except where a specific CON review standard states otherwise.

202
203 (2) The Department shall apply the bed need methodologies in Section 3 on a biennial basis.

204
205 (3) The effective date of the bed need numbers shall be established by the Commission.

206
207 (4) New bed need numbers shall supercede previous bed need numbers and shall be posted on the
208 State of Michigan CON web site as part of the Psychiatric Bed Inventory.

209

210 (5) Modifications made by the Commission pursuant to this Section shall not require Standard
211 Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the
212 Governor in order to become effective.

213
214 **Section 5. Modification of the child/adolescent use rate by changing the base year**

215
216 Sec. 5. (1) The Commission may modify the base year based on data obtained from the Department
217 and presented to the Commission. The Department shall calculate the use rate for the population age 0-
218 17 and biennially present the revised use rate based on the most recent base year information available
219 biennially to the CON Commission.

220
221 (2) The Commission shall establish the effective date of the modifications made pursuant to
222 subsection (1).

223
224 (3) Modifications made by the Commission pursuant to subsection (1) shall not require Standard
225 Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the
226 Governor in order to become effective.

227
228 **Section 6. Requirements for approval to initiate service**

229
230 Sec. 6. An applicant proposing the initiation of an adult or child/adolescent psychiatric service shall
231 demonstrate or provide the following:

232
233 (1) The number of beds proposed in the CON application shall not result in the number of existing
234 adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need.
235 However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total
236 number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the
237 planning area, the difference is equal to or more than 1 or less than 10.

238
239 (2) A written recommendation, from the Department or the CMH that serves the county in which the
240 proposed beds or service will be located, shall include an agreement to enter into a contract to meet the
241 needs of the public patient. At a minimum, the letter of agreement shall specify the number of beds to be
242 allocated to the public patient and the applicant's intention to serve patients with an involuntary
243 commitment status.

244
245 (3) The number of beds proposed in the CON application to be allocated for use by public patients
246 shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct
247 response to a Department plan pursuant to subsection (5) shall allocate not less than 80% of the beds
248 proposed in the CON application.

249
250 (4) The minimum number of beds in a psychiatric unit shall be at least 10 beds. If a psychiatric unit
251 has or proposes to operate both adult and child/adolescent beds, each unit shall have a minimum of 10
252 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant
253 demonstrates to the satisfaction of the Department, that travel time to existing units would significantly
254 limit access to care.

255
256 (5) An applicant shall not be required to be in compliance with subsection (1) if the applicant
257 demonstrates that the application meets both of the following:

258 (a) The Director of the Department determines that an exception to subsection (1) should be made
259 and certifies in writing that the proposed project is a direct response to a Department plan for reducing the
260 use of public institutions for acute mental health care through the closure of a state-owned psychiatric
261 hospital; and

262 (b) The proposed beds will be located in the area currently served by the public institution that will be
263 closed, as determined by the Department.

264
265 **Section 7. Requirements for approval to replace beds**

266
267 Sec. 7. An applicant proposing to replace beds shall not be required to be in compliance with the
268 needed bed supply if the applicant demonstrates all of the following:

269
270 (1) The applicant shall specify whether the proposed project is to replace the existing licensed
271 psychiatric hospital or unit to a new site or to replace a portion of the licensed psychiatric beds at the
272 existing licensed site.

273
274 (2) The proposed licensed site is in the replacement zone.

275
276 (3) Not less than 50% of the beds proposed to be replaced shall be allocated for use by public
277 patients.

278
279 (4) Previously made commitments, if any, to the Department or CMH to serve public patients have
280 been fulfilled.

281
282 (5) Proof of current contract or documentation of contract renewal, if current contract is under
283 negotiation, with the CMH or its designee that serves the planning area in which the proposed beds or
284 service will be located.

285
286 **Section 8. Requirements for approval of an applicant proposing to relocate existing licensed**
287 **inpatient psychiatric beds**

288
289 Sec. 8. (1) The proposed project to relocate beds, under this section, shall constitute a change in bed
290 capacity under Section 1(3) of these standards.

291
292 (2) Any existing licensed inpatient psychiatric hospital or unit may relocate all or a portion of its beds
293 to another existing licensed inpatient psychiatric hospital or unit located within the same planning area.

294
295 (3) The inpatient psychiatric hospital or unit from which the beds are being relocated, and the
296 inpatient psychiatric hospital or unit receiving the beds, shall not require any ownership relationship.

297
298 (4) The relocated beds shall be licensed to the receiving inpatient psychiatric hospital or unit and will
299 be counted in the inventory for the applicable planning area.

300
301 (5) The relocation of beds under this section shall not be subject to a mileage limitation.

302
303 (6) The relocation of beds under this section shall not result in initiation of a new adult or
304 child/adolescent service.

305
306 **Section 9. Requirements for approval to increase beds**

307
308 Sec. 9. An applicant proposing an increase in the number of adult or child/adolescent beds shall
309 demonstrate or provide the following:

310
311 (1) The number of beds proposed in the CON application will not result in the number of existing adult
312 or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need.
313 However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total

314 number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the
315 planning area, the difference is equal to or more than 1 or less than 10.
316

317 (2) The average occupancy rate for the applicant's facility, where the proposed beds are to be
318 located, was at least 70% for adult or child/adolescent beds, as applicable, during the most recent,
319 consecutive 12-month period, as of the date of the submission of the application, for which verifiable data
320 are available to the Department. For purposes of this section, average occupancy rate shall be calculated
321 as follows:

322 (a) Divide the number of patient days of care provided by the total number of patient days, then
323 multiply the result by 100.
324

325 (3) Subsections (1) and (2) shall not apply if all of the following are met:

326 (a) The number of existing adult or child/adolescent psychiatric beds in the planning area is equal to
327 or exceeds the bed need.

328 (b) The beds are being added at the existing licensed site.

329 (c) The average occupancy rate for the applicant's facility was at least 75% for facilities with 19 beds
330 or less and 80% for facilities with 20 beds or more, as applicable, during the most recent, consecutive 12-
331 month period, as of the date of the submission of the application, for which verifiable data are available to
332 the Department.

333 (i) For a facility with flex beds,

334 (A) calculate the average occupancy rate as follows:

335 (1) For adult beds:

336 (a) Adult bed days are the number of licensed adult beds multiplied by the number of days they were
337 licensed during the most recent consecutive 12-month period.

338 (b) Flex bed days are the number of licensed flex beds multiplied by the number of days the beds
339 were used to serve a child/ adolescent patient.

340 (c) Subtract the flex bed days from the adult bed days and divide the adult patient days of care by this
341 number, then multiply the result by 100.

342 (2) For child/adolescent beds:

343 (a) Child/adolescent bed days are the number of licensed child/adolescent beds multiplied by the
344 number of days they were licensed during the most recent 12-month period.

345 (b) Flex bed days are the number of licensed flex beds multiplied by the number of days the beds
346 were used to serve a child/ adolescent patient.

347 (c) Add the flex bed days to the child/adolescent bed days and divide the child/adolescent patient
348 days of care by this number, then multiply the result by 100.

349 (d) The number of beds to be added shall not exceed the results of the following formula:

350 (ii) Multiply the facility's average daily census for the most recent, consecutive 12-month period, as of
351 the date of the submission of the application, for which verifiable data are available to the Department by
352 1.5 for adult beds and 1.7 for child/adolescent beds.

353 (iii) Subtract the number of currently licensed beds from the number calculated in (ii) above. This is
354 the maximum number of beds that may be approved pursuant to this subsection.
355

356 (4) Proof of current contract or documentation of contract renewal, if current contract is under
357 negotiation, with at least one CMH or its designee that serves the planning area in which the proposed
358 beds or service will be located.
359

360 (5) Previously made commitments, if any, to the Department or CMH to serve public patients have
361 been fulfilled.
362

363 (6) The number of beds proposed in the CON application to be allocated for use by public patients
364 shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct
365 response to a Department plan pursuant to subsection (9) shall allocate not less than 80% of the beds
366 proposed in the CON application.

367
368 (7) The minimum number of beds in a psychiatric unit shall be at least 10 beds. If a psychiatric unit
369 has or proposes to operate both adult and child/adolescent beds, then each unit shall have a minimum of
370 10 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant
371 demonstrates, to the satisfaction of the Department, that travel time to existing units would significantly
372 impair access to care.

373
374 (8) Subsection (2) shall not apply if the Director of the Department has certified in writing that the
375 proposed project is a direct response to a Department plan for reducing the use of public institutions for
376 acute mental health care through the closure of a state-owned psychiatric hospital.

377
378 (9) An applicant shall not be required to be in compliance with subsection (1) if the applicant
379 demonstrates that the application meets both of the following:

380 (a) The Director of the Department determines that an exception to subsection (1) should be made
381 and certifies in writing that the proposed project is a direct response to a Department plan for reducing the
382 use of public institutions for acute mental health care through the closure of a state-owned psychiatric
383 hospital; and

384 (b) The proposed beds will be located in the area currently served by the public institution that will be
385 closed as determined by the Department.

386
387 (10) An applicant proposing to add new adult and/or child/adolescent psychiatric beds, as the receiving
388 licensed inpatient psychiatric hospital or unit under Section 8, shall demonstrate that it meets all of the
389 requirements of this subsection and shall not be required to be in compliance with the bed need if the
390 application meets all other applicable CON review standards and agrees and assures to comply with all
391 applicable project delivery requirements.

392 (a) The approval of the proposed new inpatient psychiatric beds shall not result in an increase in the
393 number of licensed inpatient psychiatric beds in the planning area.

394 (b) The applicant meets the requirements of subsections (4), (5), (6), and (7) above.

395 (c) The proposed project to add new adult and/or child adolescent psychiatric beds, under this
396 subsection, shall constitute a change in bed capacity under Section 1(2) of these standards.

397 (d) Applicants proposing to add new adult and/or child/adolescent psychiatric beds under this
398 subsection shall not be subject to comparative review.

399

400 **Section 10. Requirements for approval for flex beds**

401

402 Sec. 10. An applicant proposing flex beds shall demonstrate the following as applicable to the
403 proposed project:

404

405 (1) The applicant has existing adult psychiatric beds and existing child/adolescent psychiatric beds.

406

407 (2) The number of flex beds proposed in the CON application shall not result in the existing adult
408 psychiatric unit to become non-compliant with the minimum size requirements within Section 6(4).

409

410 (3) The applicant shall meet all applicable sections of the standards.

411

412 (4) The facility shall be in compliance and meet all design standards of the most recent Minimum
413 Design Standards for Health Care Facilities in Michigan.

414

415 (5) The applicant shall convert the beds back to adult inpatient psychiatric beds if the bed has not
416 been used as a flex bed serving a child/adolescent patient for a continuous 12-month period or if the CON
417 application is withdrawn.

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419 **Section 11. Requirements for approval for acquisition of a psychiatric hospital or unit**

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Sec. 11. An applicant proposing to acquire a psychiatric hospital or unit shall not be required to be in compliance with the needed bed supply, for the planning area in which the psychiatric hospital or unit subject to the proposed acquisition is located, if the applicant demonstrates that all of the following are met:

(1) The acquisition will not result in a change in the number of licensed beds or beds designated for a child/adolescent specialized psychiatric program.

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

Section 12. Additional requirements for applications included in comparative review

Sec. 12. (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 ~~applicable to comparative review.~~

(2) Each application in a comparative group shall be individually reviewed to determine whether the application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards. If the Department determines that two or more competing applications satisfy all of the requirements for approval, these projects shall be considered qualifying projects. The Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1) of the Code, and which have the highest number of points when the results of subsection (3) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, when taken together, do not exceed the need, in the order in which the applications were received by the Department, based on the date and time stamp placed on the applications by the Department in accordance with rule 325.9123.

(3)(a) A qualifying project application will be awarded 5 points if, within six months of beginning operation and annually thereafter, 100% of the licensed psychiatric beds (both existing and proposed) at the facility will be Medicaid certified.

(b) A qualifying project will have 4 points deducted if, on or after November 26, 1995, the records maintained by the Department document that the applicant was required to enter into a contract with either the Department or a CMH to serve the public patient and did not do so.

(c) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records maintained by the Department document that the applicant entered into a contract with MDCH or CMH but never admitted any public patients referred pursuant to that contract.

(d) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records maintained by the Department document that an applicant agreed to serve patients with an involuntary commitment status but has not admitted any patients referred with an involuntary commitment status.

(e) A qualifying project will be awarded 3 points if the applicant presents, in its application, a plan, acceptable to the Department, for the treatment of patients requiring long-term treatment. For purposes of this subsection, long-term treatment is defined to mean an inpatient length of stay in excess of 45 days.

(f) A qualifying project will be awarded 3 points if the applicant currently provides a partial hospitalization psychiatric program, outpatient psychiatric services, or psychiatric aftercare services, or the applicant includes any of these services as part of their proposed project, as demonstrated by site plans and service contracts.

(g) A qualifying project will have 4 points deducted if the Department has issued, within three years prior to the date on which the CON application was deemed submitted, a temporary permit or provisional license due to a pattern of licensure deficiencies at any psychiatric hospital or unit owned or operated by the applicant in this state.

473 (h) A qualifying project will have points awarded based on the percentage of the hospital's indigent
 474 volume as set forth in the following table.

475	476 Hospital Indigent	477 Points
478	479 <u>Volume</u>	480 <u>Awarded</u>
481	0 - <6%	1
482	6 - <11%	2
483	11 - <16%	3
484	16 - <21%	4
485	21 - <26%	5
486	26 - <31%	6
487	31 - <36%	7
488	36 - <41%	8
489	41 - <46%	9
490	46% +	10

490 For purposes of this subsection, indigent volume means the ratio of a hospital's indigent charges to its
 491 total charges expressed as a percentage as determined by the Department pursuant to Chapter VIII of the
 492 Medical Assistance Program manual. The indigent volume data being used for rates in effect at the time
 493 the application is deemed submitted will be used by the Department in determining the number of points
 494 awarded to each qualifying project.

495 (i) A qualifying project will have points deducted based on the applicant's record of compliance with
 496 applicable safety and operating standards for any psychiatric hospital or unit owned and/or operated by
 497 the applicant in this state. Points shall be deducted in accordance with the following schedule if, on or
 498 after November 26, 1995, the Department records document any non-renewal or revocation of license for
 499 cause or non-renewal or termination of certification for cause of any psychiatric hospital or unit owned or
 500 operated by the applicant in this state.

501	502 Psychiatric Hospital/Unit	503 Points Deducted
504	505 <u>Compliance Action</u>	506 <u>Points Deducted</u>
507	508 Non-renewal or revocation of license	4
509	510 Non-renewal or termination of:	
511	512 Certification - Medicare	4
513	514 Certification - Medicaid	4

515 (4) Submission of conflicting information in this section may result in a lower point award. If an
 516 application contains conflicting information which could result in a different point value being awarded in
 517 this section, the Department will award points based on the lower point value that could be awarded from
 518 the conflicting information. For example, if submitted information would result in 6 points being awarded,
 519 but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If
 520 the conflicting information does not affect the point value, the Department will award points accordingly.
 521 For example, if submitted information would result in 12 points being awarded and other conflicting
 522 information would also result in 12 points being awarded, then 12 points will be awarded.

523 **Section 13. Requirements for approval -- all applicants**

524 Sec. 13. (1) An applicant shall provide verification of Medicaid participation. An applicant that is a new
 525 provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided
 to the Department within six (6) months from the offering of services if a CON is approved.

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(2) The applicant certifies all outstanding debt obligations owed to the State of Michigan for Quality Assurance Assessment Program (QAAP) or Civil Monetary Penalties (CMP) have been paid in full.

(3) The applicant certifies that the health facility for the proposed project has not been cited for a state or federal code deficiency within the 12 months prior to the submission of the application. If a code deficiency has been issued, then the applicant shall certify that a plan of correction for cited state or federal code deficiencies at the health facility has been submitted and approved by the Bureau of Health Systems within the Department or, as applicable, the Centers for Medicare and Medicaid Services. If code deficiencies include any unresolved deficiencies still outstanding with the Department or the Centers for Medicare and Medicaid Services that are the basis for the denial, suspension, or revocation of an applicant's health facility license, poses an immediate jeopardy to the health and safety of patients, or meets a federal conditional deficiency level, the proposed project cannot be approved without approval from the Bureau of Health Systems.

Section 14. Project delivery requirements - terms of approval for all applicants

Sec. 14. An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of CON approval:

(1) Compliance with these standards.

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

(a) The proposed licensed psychiatric beds shall be operated in a manner that is appropriate for a population with the ethnic, socioeconomic, and demographic characteristics including the developmental stage of the population to be served.

(b) The applicant shall establish procedures to care for patients who are disruptive, combative, or suicidal and for those awaiting commitment hearings, and the applicant shall establish a procedure for obtaining physician certification necessary to seek an order for involuntary treatment for those persons that, in the judgment of the professional staff, meet the Mental Health Code criteria for involuntary treatment.

(c) The applicant shall develop a standard procedure for determining, at the time the patient first presents himself or herself for admission or within 24 hours after admission, whether an alternative to inpatient psychiatric treatment is appropriate.

(d) The inpatient psychiatric hospital or unit shall provide clinical, administrative, and support services that will be at a level sufficient to accommodate patient needs and volume, and will be provided seven days a week to assure continuity of services and the capacity to deal with emergency admissions.

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

(a) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

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

(i) not deny acute inpatient mental health services to any individual based on ability to pay, source of payment, age, race, handicap, national origin, religion, gender, sexual orientation or commitment status;

(ii) provide acute inpatient mental health services to any individual based on clinical indications of need for the services; and

(iii) maintain information by payor and non-paying sources to indicate the volume of care from each source provided annually. Compliance with selective contracting requirements shall not be construed as a violation of this term.

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

- 577 (a) The average occupancy rate for all licensed beds at the psychiatric hospital or unit shall be at
578 least 60 percent (%) for adult beds and 40 percent (%) for child/adolescent beds for the second 12
579 months of operation, and annually thereafter.
- 580 (i) Calculate average occupancy rate for adult beds as follows:
581 (A) Add the number of adult patient days of care to the number of child/adolescent patient days of
582 care provided in the flex beds; divide this number by the adult bed days, then multiply the result by 100.
- 583 (ii) Calculate average occupancy rate for child/adolescent beds as follows:
584 (A) Subtract the number of child/adolescent patient days of care provided in the flex beds from the
585 number of child adolescent patient days of care; divide this number by the child/adolescent bed days, then
586 multiply the result by 100.
- 587 (b) Flex beds approved under section 10 shall be counted as existing adult inpatient psychiatric beds.
588 (c) After the second 12 months of operation, if the average occupancy rate is below 60% for adult
589 beds or 40% for child/adolescent beds, the number of beds shall be reduced to achieve a minimum of
590 60% average annual occupancy for adult beds or 40% annual average occupancy for child/adolescent
591 beds for the revised licensed bed complement. However, the psychiatric hospital or unit shall not be
592 reduced to less than 10 beds.
- 593 (d) The applicant shall participate in a data collection network established and administered by the
594 Department or its designee. The data may include, but is not limited to: annual budget and cost
595 information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as
596 well as the volume of care provided to patients from all payor sources. The applicant shall provide the
597 required data on a separate basis for each licensed site; in a format established by the Department; and in
598 a mutually agreed upon media. The Department may elect to verify the data through on-site review of
599 appropriate records.
- 600 (e) The applicant shall provide the Department with a notice stating the date the beds or services are
601 placed in operation and such notice shall be submitted to the Department consistent with applicable
602 statute and promulgated rules.
- 603 (f) An applicant required to enter into a contract with a CMH(s) or the Department pursuant to these
604 standards shall have in place, at the time the approved beds or services become operational, a signed
605 contract to serve the public patient. The contract must address a single entry and exit system including
606 discharge planning for each public patient. The contract shall specify that at least 50% or 80% of the
607 approved beds, as required by the applicable sections of these standards, shall be allocated to the public
608 patient, and shall specify the hospital's or unit's willingness to admit patients with an involuntary
609 commitment status. The contract need not be funded.
- 610
611 (5) Compliance with this Section shall be determined by the Department based on a report submitted
612 by the applicant and/or other information available to the Department.

613
614 (6) NOTHING IN THIS SECTION PROHIBITS THE DEPARTMENT FROM TAKING COMPLIANCE
615 ACTION UNDER MCL 333.22247.
616

617 (67) The agreements and assurances required by this Section shall be in the form of a certification
618 agreed to by the applicant or its authorized agent.
619

620 **Section 15. Project delivery requirements - additional terms of approval for child/adolescent**
621 **service**
622

623 Sec. 15. (1) In addition to the provisions of Section ~~4214~~, an applicant for a child/adolescent service
624 shall agree to operate the program in compliance with the following terms of CON approval, as applicable:

- 625 (a) There shall be at least the following child and adolescent mental health professionals employed,
626 either directly or by contract, by the hospital or unit, each of whom must have been involved in the delivery
627 of child/adolescent mental health services for at least 2 years within the most recent 5 years:
628 (i) a child/adolescent psychiatrist;
629 (ii) a child psychologist;

- 630 (iii) a psychiatric nurse;
631 (iv) a psychiatric social worker;
632 (v) an occupational therapist or recreational therapist; and
633 (b) There shall be a recipient rights officer employed by the hospital or the program.
634 (c) The applicant shall identify a staff member(s) whose assigned responsibilities include discharge
635 planning and liaison activities with the home school district(s).
636 (d) There shall be the following minimum staff employed either on a full time basis or ACCESS TO
637 on a consulting basis AS NEEDED:
638 (i) a pediatrician;
639 (ii) a child neurologist;
640 (iii) a neuropsychologist;
641 (iv) a speech and language therapist;
642 (v) an audiologist; and
643 (vi) a dietician.
644 (e) A child/adolescent service shall have the capability to determine that each inpatient admission is
645 the appropriate treatment alternative consistent with Section 498e of the Mental Health Code, being
646 Section 330.1498e of the Michigan Compiled Laws.
647 (f) The child/adolescent service shall develop and maintain a coordinated relationship with the home
648 school district of any patient to ensure that all public education requirements are met.
649 (g) The applicant shall demonstrate that the child/adolescent service is integrated within the
650 continuum of mental health services available in its planning area by establishing a formal agreement with
651 the CMH(s) serving the planning area in which the child/adolescent specialized psychiatric program is
652 located. The agreement shall address admission and discharge planning issues which include, at a
653 minimum, specific procedures for referrals for appropriate community services and for the exchange of
654 information with the CMH(s), the probate court(s), the home school district, the Michigan Department of
655 Human Services, the parent(s) or legal guardian(s) and/or the patient's attending physician.
656
657 (2) Compliance with this Section shall be determined by the Department based on a report submitted
658 by the program and/or other information available to the Department.
659
660 (3) The agreements and assurances required by this Section shall be in the form of a certification
661 agreed to by the applicant or its authorized agent.

662 **Section 16. Department inventory of beds**

663
664
665 Sec. 16. The Department shall maintain, and provide on request, a listing of the Department Inventory
666 of Beds for each adult and child/adolescent planning area.

667 **Section 17. Planning areas**

668
669 Sec. 17. The planning areas for inpatient psychiatric beds are the geographic boundaries of the groups
670 of counties as follows.

671

672 <u>Planning Areas</u>	673 <u>Counties</u>
674 1	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
675 2	Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee
676 3	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren
677 4	Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo, Oceana, Ottawa
678 5	Genesee, Lapeer, Shiawassee
679 6	Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland, Mecosta, Ogemaw, Osceola, Oscoda, Saginaw, Sanilac, Tuscola
680 7	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Roscommon, Wexford
681 8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

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696 **Section 18. Effect on prior CON review standards; comparative reviews**

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698 Sec. 18. (1) These CON review standards supercede and replace the CON Review Standards for
699 Psychiatric Beds and Services, approved by the CON Commission on ~~September 10~~DECEMBER 13,
700 2009-2012 and effective on ~~November 5~~MARCH 22, 20092013.

701
702 (2) Projects involving replacement beds, relocation of beds, flex beds under Section 10, or an
703 increase in beds, approved pursuant to Section 7(3), are reviewed under these standards and shall not be
704 subject to comparative review.

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706 (3) Projects involving initiation of services or an increase in beds, approved pursuant to Section ~~7~~6(1),
707 are reviewed under these standards and shall be subject to comparative review.

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APPENDIX A

**RATIO OF ADULT INPATIENT PSYCHIATRIC
BEDS PER 10,000 ADULT POPULATION**

The ratio per 10,000 adult population, for purposes of these standards, EFFECTIVE APRIL 1, 2015, AND
until otherwise changed by the Commission, is as follows:

PLANNING AREA	ADULT BEDS PER 10,000 ADULT POPULATION
1	<u>3.091433.0808</u>
2	<u>2.406022.4282</u>
3	<u>2.444602.4604</u>
4	<u>2.391742.5284</u>
5	<u>3.079123.0698</u>
6	<u>1.750521.5558</u>
7	<u>0.838391.2570</u>
8	<u>2.266542.2756</u>
STATE	<u>2.642792.6633</u>

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CON REVIEW STANDARDS
FOR CHILD/ADOLESCENT INPATIENT PSYCHIATRIC BEDS

The use rate per 1000 population age 0-17, for purposes of these standards, EFFECTIVE APRIL 1, 2015,
AND until otherwise changed by the Commission, is ~~22.8146~~25.664.

731 **MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**
732
733 **CON REVIEW STANDARDS**
734 **FOR PSYCHIATRIC BEDS AND SERVICES**
735 **--ADDENDUM FOR SPECIAL POPULATION GROUPS**
736

737 (BY AUTHORITY CONFERRED ON THE CON COMMISSION BY SECTION 22215 OF ACT NO. 368 OF
738 THE PUBLIC ACTS OF 1978, AS AMENDED, AND SECTIONS 7 AND 8 OF ACT NO. 306 OF THE
739 PUBLIC ACTS OF 1969, AS AMENDED, BEING SECTIONS 333.22215, 24.207 AND 24.208 OF THE
740 MICHIGAN COMPILED LAWS.)

741
742 **SECTION 1. APPLICABILITY; DEFINITIONS**
743

744 SEC. 1. (1) THIS ADDENDUM SUPPLEMENTS THE CON REVIEW STANDARDS FOR
745 PSYCHIATRIC BEDS AND SERVICES AND SHALL BE USED FOR DETERMINING THE NEED FOR
746 PROJECTS ESTABLISHED TO BETTER MEET THE NEEDS OF SPECIAL POPULATION GROUPS
747 WITHIN THE MENTAL HEALTH POPULATIONS.

748
749 (2) EXCEPT AS PROVIDED IN SECTIONS 2, 3, 4, 5, 6, AND 7 OF THIS ADDENDUM, THESE
750 STANDARDS SUPPLEMENT, AND DO NOT SUPERSEDE, THE REQUIREMENTS AND TERMS OF
751 APPROVAL REQUIRED BY THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND
752 SERVICES.

753
754 (3) THE DEFINITIONS WHICH APPLY TO THE CON REVIEW STANDARDS FOR PSYCHIATRIC
755 BEDS AND SERVICES SHALL APPLY TO THESE STANDARDS.

756
757 (4) FOR PURPOSES OF THIS ADDENDUM, THE FOLLOWING TERMS ARE DEFINED:

758 (a) "DEVELOPMENTAL DISABILITY UNIT" MEANS A UNIT DESIGNED FOR PSYCHIATRIC
759 PATIENTS (ADULT OR CHILD/ADOLESCENT AS APPLICABLE) WHO HAVE BEEN DIAGNOSED
760 WITH A SEVERE, CHRONIC DISABILITY AS OUTLINED IN SECTION 102, 42 USC 15002, OF THE
761 DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT OF 2000 (DD ACT) AND
762 ITS UPDATE OR FUTURE GUIDELINE CHANGES.

763 (b) "GERIATRIC PSYCHIATRIC UNIT" MEANS A UNIT DESIGNED FOR PSYCHIATRIC PATIENTS
764 AGED 65 AND OVER.

765 (c) "MEDICAL PSYCHIATRIC UNIT" MEANS A UNIT DESIGNED FOR PSYCHIATRIC PATIENTS
766 (ADULT OR CHILD/ADOLESCENT AS APPLICABLE) WHO HAVE ALSO BEEN DIAGNOSED WITH A
767 MEDICAL ILLNESS REQUIRING HOSPITALIZATION, E.G., PATIENTS WHO MAY BE ON DIALYSIS,
768 REQUIRE WOUND CARE OR NEED INTRAVENOUS OR TUBE FEEDING.

769
770 **SECTION 2. REQUIREMENTS FOR APPROVAL -- APPLICANTS PROPOSING TO INCREASE**
771 **PSYCHIATRIC BEDS -- SPECIAL USE EXCEPTIONS**
772

773 SEC. 2. A PROJECT TO INCREASE PSYCHIATRIC BEDS IN A PLANNING AREA WHICH, IF
774 APPROVED, WOULD OTHERWISE CAUSE THE TOTAL NUMBER OF PSYCHIATRIC BEDS IN THAT
775 PLANNING AREA TO EXCEED THE NEEDED PSYCHIATRIC BED SUPPLY OR CAUSE AN INCREASE
776 IN AN EXISTING EXCESS AS DETERMINED UNDER THE APPLICABLE CON REVIEW STANDARDS
777 FOR PSYCHIATRIC BEDS AND SERVICES, MAY NEVERTHELESS BE APPROVED PURSUANT TO
778 THIS ADDENDUM.

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780
781 **SECTION 3. STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS WITHIN**
782 **THE MENTAL HEALTH POPULATIONS**
783

784 SEC. 3. (1) A STATEWIDE POOL OF ADDITIONAL PSYCHIATRIC BEDS CONSISTS OF 170 BEDS
785 NEEDED IN THE STATE IS ESTABLISHED TO BETTER MEET THE NEEDS OF SPECIAL
786 POPULATION GROUPS WITHIN THE MENTAL HEALTH POPULATIONS. THE NUMBER OF BEDS IN
787 THE POOL IS BASED ON TWO PERCENT OF THE STATEWIDE BED NEED FOR PSYCHIATRIC
788 INPATIENT BEDS ROUNDED UP TO THE NEXT TEN. BEDS IN THE POOL SHALL BE DISTRIBUTED
789 AS FOLLOWS AND SHALL BE REDUCED IN ACCORDANCE WITH SUBSECTION (2):

790 (a) DEVELOPMENTAL DISABILITY BEDS WILL BE ALLOCATED 50 ADULT BEDS AND 10
791 CHILD/ADOLESCENT BEDS.

792 (b) GERIATRIC PSYCHIATRIC BEDS WILL BE ALLOCATED 50 ADULT BEDS.

793 (c) MEDICAL PSYCHIATRIC BEDS WILL BE ALLOCATED 50 ADULT BEDS AND 10
794 CHILD/ADOLESCENT BEDS.

795
796 (2) BY SETTING ASIDE THESE BEDS FROM THE TOTAL STATEWIDE POOL, THE
797 COMMISSION'S ACTION APPLIES ONLY TO APPLICANTS SEEKING APPROVAL OF PSYCHIATRIC
798 BEDS PURSUANT TO SECTIONS 4, 5, AND 6. IT DOES NOT PRECLUDE THE CARE OF THESE
799 PATIENTS IN UNITS OF HOSPITALS, PSYCHIATRIC HOSPITALS, OR OTHER HEALTH CARE
800 SETTINGS IN COMPLIANCE WITH APPLICABLE STATUTORY OR CERTIFICATION
801 REQUIREMENTS.

802
803 (3) INCREASES IN PSYCHIATRIC BEDS APPROVED UNDER THIS ADDENDUM FOR SPECIAL
804 POPULATION GROUPS SHALL NOT CAUSE PLANNING AREAS CURRENTLY SHOWING AN UNMET
805 BED NEED TO HAVE THAT NEED REDUCED OR PLANNING AREAS SHOWING A CURRENT
806 SURPLUS OF BEDS TO HAVE THAT SURPLUS INCREASED.

807
808 (4) THE COMMISSION MAY ADJUST THE NUMBER OF BEDS AVAILABLE IN THE STATEWIDE
809 POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS WITHIN THE MENTAL HEALTH
810 POPULATIONS CONCURRENT WITH THE BIENNIAL RECALCULATION OF THE STATEWIDE
811 PSYCHIATRIC INPATIENT BED NEED. MODIFYING THE NUMBER OF BEDS AVAILABLE IN THE
812 STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS WITHIN THE MENTAL
813 HEALTH POPULATIONS PURSUANT TO THIS SECTION SHALL NOT REQUIRE A PUBLIC HEARING
814 OR SUBMITTAL OF THE STANDARD TO THE LEGISLATURE AND THE GOVERNOR IN ORDER TO
815 BECOME EFFECTIVE.

816
817 **SECTION 4. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
818 **SPECIAL POPULATION GROUPS ALLOCATED TO DEVELOPMENTAL DISABILITY PATIENTS**

819
820 SEC. 4. THE CON COMMISSION DETERMINES THERE IS A NEED FOR BEDS FOR
821 APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF
822 SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF DEVELOPMENTAL DISABILITY
823 PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL PSYCHIATRIC UNIT(S).

824
825 (1) AN APPLICANT PROPOSING TO ADD BEDS TO AN EXISTING ADULT OR
826 CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE
827 WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE
828 FOLLOWING:

829 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION AS FOLLOWS:

830 (i) DOCUMENTATION OF ITS EXISTING DEVELOPMENTAL DISABILITY PROGRAM BY THE
831 NATIONAL ASSOCIATION FOR THE DUALY DIAGNOSED (NADD) OR ANOTHER NATIONALLY-
832 RECOGNIZED ACCREDITATION ORGANIZATION FOR DEVELOPMENTAL DISABILITY CARE AND
833 SERVICES; OR

834 (ii) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
835 NADD OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
836 DEVELOPMENTAL DISABILITY BEDS PROPOSED UNDER THIS SUBSECTION.

837 (b) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
838 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

839 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
840 PATIENTS.

841 (d) THE PROPOSED BEDS WILL SERVE ONLY DEVELOPMENTAL DISABILITY PATIENTS.

842
843 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
844 MEDICAID.

845
846 **SECTION 5. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
847 **SPECIAL POPULATION GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC PATIENTS**

848
849 SEC. 5. THE CON COMMISSION DETERMINES THERE IS A NEED FOR BEDS FOR
850 APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF
851 SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF GERIATRIC PSYCHIATRIC
852 PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL PSYCHIATRIC UNIT(S).

853
854 (1) AN APPLICANT PROPOSING TO ADD BEDS TO AN EXISTING ADULT PSYCHIATRIC
855 SERVICE UNDER THIS SECTION SHALL DEMONSTRATE WITH CREDIBLE DOCUMENTATION TO
856 THE SATISFACTION OF THE DEPARTMENT EACH OF THE FOLLOWING:

857 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION AS FOLLOWS:

858 (i) DOCUMENTATION OF ITS EXISTING GERIATRIC PSYCHIATRIC PROGRAM BY THE
859 COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) OR ANOTHER
860 NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC
861 CARE AND SERVICES; OR

862 (ii) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
863 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
864 GERIATRIC PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

865 (b) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
866 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

867 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
868 PATIENTS.

869 (d) THE PROPOSED BEDS WILL SERVE ONLY GERIATRIC PSYCHIATRIC PATIENTS.

870
871 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED
872 FOR MEDICARE AND MEDICAID.

873
874 **SECTION 6. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
875 **SPECIAL POPULATION GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC PATIENTS**

876
877 SEC. 6. THE CON COMMISSION DETERMINES THERE IS A NEED FOR BEDS FOR
878 APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF
879 SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF MEDICAL PSYCHIATRIC
880 PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL PSYCHIATRIC UNIT(S).

881
882 (1) AN APPLICANT PROPOSING TO ADD BEDS TO AN EXISTING ADULT OR
883 CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE
884 WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE
885 FOLLOWING:

886 (a) THE BEDS WILL BE OPERATED AS PART OF A SPECIALIZED PROGRAM EXCLUSIVELY
887 FOR ADULT OR CHILD/ADOLESCENT MEDICAL PSYCHIATRIC PATIENTS, AS APPLICABLE,
888 WITHIN A LICENSED HOSPITAL LICENSED UNDER PART 215 OF THE CODE.

889 (b) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION AS FOLLOWS:

890 (i) DOCUMENTATION OF ITS EXISTING MEDICAL PSYCHIATRIC PROGRAM BY CARF OR
891 ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR MEDICAL
892 PSYCHIATRIC CARE AND SERVICES; OR

893 (ii) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
894 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
895 MEDICAL PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

896 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
897 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

898 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
899 PATIENTS.

900 (e) THE PROPOSED BEDS WILL SERVE ONLY MEDICAL PSYCHIATRIC PATIENTS.

901
902 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
903 MEDICAID.

904
905 **SECTION 7. ACQUISITION OF PSYCHIATRIC BEDS APPROVED PURSUANT TO THIS ADDENDUM**

906
907 SEC. 7. (1) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE
908 STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO DEVELOPMENTAL
909 DISABILITY SHALL MEET THE FOLLOWING:

910 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF THE EXISTING
911 DEVELOPMENTAL DISABILITY PROGRAM BY THE NATIONAL ASSOCIATION FOR THE DUALY
912 DIAGNOSED (NADD) OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION
913 FOR DEVELOPMENTAL DISABILITY CARE AND SERVICES.

914 (b) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
915 NADD OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
916 DEVELOPMENTAL DISABILITY BEDS PROPOSED UNDER THIS SUBSECTION.

917 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
918 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

919 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
920 PATIENTS.

921 (e) THE PROPOSED BEDS WILL SERVE ONLY DEVELOPMENTAL DISABILITY PATIENTS.

922 (f) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
923 MEDICAID.

924
925 (2) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE STATEWIDE
926 POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC SHALL
927 MEET THE FOLLOWING:

928 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF THE EXISTING
929 GERIATRIC PSYCHIATRIC PROGRAM BY CARF OR ANOTHER NATIONALLY-RECOGNIZED
930 ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC CARE AND SERVICES.

931 (b) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
932 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
933 GERIATRIC PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

934 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
935 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

936 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
937 PATIENTS.

938 (e) THE PROPOSED BEDS WILL SERVE ONLY GERIATRIC PSYCHIATRIC PATIENTS.

939 (f) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED
940 FOR MEDICARE AND MEDICAID.

942 (3) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE STATEWIDE
943 POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC SHALL
944 MEET THE FOLLOWING:

945 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF THE EXISTING
946 MEDICAL PSYCHIATRIC PROGRAM BY CARF OR ANOTHER NATIONALLY-RECOGNIZED
947 ACCREDITATION ORGANIZATION FOR MEDICAL PSYCHIATRIC CARE AND SERVICES.

948 (b) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN
949 CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE
950 MEDICAL PSYCHIATRIC BEDS PROPOSED UNDER THIS SUBSECTION.

951 (c) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE
952 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

953 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
954 PATIENTS.

955 (e) THE PROPOSED BEDS WILL SERVE ONLY MEDICAL PSYCHIATRIC PATIENTS.

956 (f) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
957 MEDICAID.

958
959 **SECTION 8. PROJECT DELIVERY REQUIREMENTS -- TERMS OF APPROVAL FOR ALL**
960 **APPLICANTS SEEKING APPROVAL UNDER SECTION 3(1) OF THIS ADDENDUM**

961
962 SEC. 8. (1) AN APPLICANT SHALL AGREE THAT IF APPROVED, THE SERVICES SHALL BE
963 DELIVERED IN COMPLIANCE WITH THE TERMS OF APPROVAL REQUIRED BY THE CON REVIEW
964 STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

965
966 (2) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
967 GROUPS ALLOCATED TO DEVELOPMENTAL DISABILITY PATIENTS SHALL AGREE THAT, IF
968 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
969 ACCORDANCE WITH THE FOLLOWING TERMS OF CON APPROVAL:

970 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
971 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
972 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
973 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
974 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
975 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
976 FOR DEVELOPMENTAL DISABILITY BEDS.

977 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR DEVELOPMENTAL DISABILITY
978 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
979 SUCH INDIVIDUALS.

980 (c) AN APPLICANT SHALL MAINTAIN NADD CERTIFICATION OR ANOTHER NATIONALLY-
981 RECOGNIZED ACCREDITATION ORGANIZATION FOR DEVELOPMENTAL DISABILITY CARE AND
982 SERVICES.

983 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND PROCEDURES
984 FOR EACH OF THE FOLLOWING:

985 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
986 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE DEVELOPMENTAL
987 DISABILITY UNIT.

988 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

989 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
990 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
991 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

992 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
993 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
994 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

995 (f) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
996 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF
997 DEVELOPMENTAL DISABILITY PATIENTS.

998 (g) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
999 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1000 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1001 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

1002
1003 (3) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1004 GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC PATIENTS SHALL AGREE THAT IF
1005 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1006 ACCORDANCE WITH THE FOLLOWING TERMS OF CON APPROVAL:

1007 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1008 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1009 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1010 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
1011 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1012 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1013 FOR GERIATRIC PSYCHIATRIC BEDS.

1014 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR GERIATRIC PSYCHIATRIC
1015 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1016 SUCH INDIVIDUALS.

1017 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1018 RECOGNIZED ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC CARE AND
1019 SERVICES.

1020 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND PROCEDURES
1021 FOR EACH OF THE FOLLOWING:

1022 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1023 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE GERIATRIC
1024 PSYCHIATRIC UNIT.

1025 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1026 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1027 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1028 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1029 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1030 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
1031 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

1032 (f) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1033 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF GERIATRIC
1034 PSYCHIATRIC PATIENTS.

1035 (g) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1036 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1037 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1038 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

1039
1040 (4) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1041 GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC PATIENTS SHALL AGREE THAT, IF APPROVED,
1042 ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1043 ACCORDANCE WITH THE FOLLOWING CON TERMS OF APPROVAL.

1044 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1045 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1046 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1047 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL

1048 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1049 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1050 FOR MEDICAL PSYCHIATRIC BEDS.

1051 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR MEDICAL PSYCHIATRIC
1052 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1053 SUCH INDIVIDUALS.

1054 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1055 RECOGNIZED ACCREDITATION ORGANIZATION FOR MEDICAL PSYCHIATRIC CARE AND
1056 SERVICES.

1057 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND PROCEDURES
1058 FOR EACH OF THE FOLLOWING:

1059 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1060 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE MEDICAL
1061 PSYCHIATRIC UNIT.

1062 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1063 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1064 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1065 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1066 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1067 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
1068 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

1069 (f) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1070 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF MEDICAL
1071 PSYCHIATRIC PATIENTS.

1072 (g) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1073 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1074 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1075 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

1076
1077 **SECTION 9. COMPARATIVE REVIEWS, EFFECT ON PRIOR CON REVIEW STANDARDS**

1078
1079 SEC. 9. (1) PROJECTS PROPOSED UNDER SECTION 4 SHALL BE CONSIDERED A DISTINCT
1080 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.

1081
1082 (2) PROJECTS PROPOSED UNDER SECTION 5 SHALL BE CONSIDERED A DISTINCT
1083 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.

1084
1085 (3) PROJECTS PROPOSED UNDER SECTION 6 SHALL BE CONSIDERED A DISTINCT
1086 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.