

1 MICHIGAN DEPARTMENT OF **COMMUNITY HEALTH AND HUMAN SERVICES**

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)
44 community 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 AND HUMAN SERVICES**
49 **(MDCHMDHHS)**.

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

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

103 operated by the Department in written policies and procedures. This mental health professional shall
104 have a degree in his or her profession and shall be recognized by his or her respective professional
105 association as being trained and experienced in the field of mental health. The term does not include
106 non-clinical staff, such as clerical, fiscal or administrative personnel.

107 (t) "Mental health service" means the provision of mental health care in a protective environment
108 with mental illness or mental retardation, including, but not limited to, chemotherapy and individual and
109 group therapies pursuant to MCL 330.2001.

110 (u) "Non-renewal or revocation of license" means the Department did not renew or revoked the
111 psychiatric hospital's or unit's license based on the hospital's or unit's failure to comply with state licensing
112 standards.

113 (v) "Non-renewal or termination of certification" means the psychiatric hospital's or unit's Medicare
114 and/or Medicaid certification was terminated or not renewed based on the hospital's or unit's failure to
115 comply with Medicare and/or Medicaid participation requirements.

116 (w) "Offer" means to provide inpatient psychiatric services to patients.

117 (x) "Physician" means an individual licensed in Michigan to engage in the practice of medicine or
118 osteopathic medicine and surgery pursuant to MCL 333.16101 to 333.18838.

119 (y) "Planning area" means the geographic boundaries of the groups of counties shown in Section 17.

120 (z) "Planning year" means a year in the future, at least 3 years but no more than 7 years, for which
121 inpatient psychiatric bed needs are developed. The planning year shall be a year for which official
122 population projections from the Department of Technology, Management and Budget or its designee are
123 available.

124 (aa) "Psychiatric hospital" means an inpatient program operated by the Department for the treatment
125 of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or
126 psychiatric unit licensed under pursuant to MCL 330.1137.

127 (bb) "Psychiatrist" means 1 or more of the following, pursuant to MCL 330.1100c:

128 (i) a physician who has completed a residency program in psychiatry approved by the Accreditation
129 Council for Graduate Medical Education or The American Osteopathic Association, or who has completed
130 12 months of psychiatric rotation and is enrolled in an approved residency program;

131 (ii) a psychiatrist employed by or under contract with the Department or a community health services
132 program on March 28, 1996;

133 (iii) a physician who devotes a substantial portion of his or her time to the practice of psychiatry and
134 is approved by the Director.

135 (cc) "Psychiatric unit" means a unit of a general hospital that provides inpatient services for individuals
136 with serious mental illness or serious emotional disturbances pursuant to MCL 330.1100c.

137 (dd) "Psychologist" means an individual licensed to engage in the practice of psychology, who devotes
138 a substantial portion of his or her time to the diagnosis and treatment of individuals with serious mental
139 illness, serious emotional disturbance, or developmental disability, pursuant to MCL 333.16101 to
140 333.18838.

141 (ee) "Public patient" means an individual approved for mental health services by a CMH or an
142 individual who is admitted as a patient under the Mental Health Code, Act No. 258 of the Public Acts of
143 1974, being Sections 330.1423, 330.1429, and 330.1438 of the Michigan Compiled Laws.

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

148 (gg) "Registered professional nurse" or "R.N." means an individual licensed in Michigan pursuant to
149 the provisions of MCL 333.16101 to 333.18838.

150 (hh) "Relocate existing licensed inpatient psychiatric beds" means a change in the location of existing
151 inpatient psychiatric beds from the existing licensed psychiatric hospital site to a different existing
152 licensed psychiatric hospital site within the same planning area. This definition does not apply to projects
153 involving replacement beds in a psychiatric hospital or unit governed by Section 7 of these standards.

154 (ii) "Replace beds" means a change in the location of the licensed psychiatric hospital or unit, or the
155 replacement of a portion of the licensed beds at the same licensed site. The beds will be in new physical
156 plant space being developed in new construction or in newly acquired space (purchase, lease, donation,
157 etc.) within the replacement zone.

158 (jj) "Replacement zone" means a proposed licensed site that is:

159 (i) in the same planning area as the existing licensed site; and

160 (ii) on the same site, on a contiguous site, or on a site within 15 miles of the existing licensed site.

161 (kk) "Social worker" means an individual registered in Michigan to engage in social work under the
162 provisions of MCL 333.18501.

163
164 (2) The terms defined in the Code have the same meanings when used in these standards.
165

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

167
168 Sec. 3. (1) Until changed by the Commission in accordance with Section 5, the use rate for the base
169 year for the population age 0-17 is set forth in Appendix B.
170

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

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

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

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

179 (d) Divide the ADC by 0.75.

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

183 (f) The adjusted bed need for the planning area is the sum of the results of subsections (d) and (e).
184 round up to the nearest whole number.
185

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

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

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

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

197 (d) The adjusted bed need for the planning area is the sum of the results of subsections (b) and (c).
198

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

200
201 Sec. 4. (1) The bed need numbers determined pursuant to Section 3 shall apply to projects subject to
202 review under these standards, except where a specific CON review standard states otherwise.
203

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

205
206 (3) The effective date of the bed need numbers shall be established by the Commission.
207

208 (4) New bed need numbers shall supercede previous bed need numbers and shall be posted on the
209 State of Michigan CON web site as part of the Psychiatric Bed Inventory.
210

211 (5) Modifications made by the Commission pursuant to this Section shall not require Standard
212 Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the
213 Governor in order to become effective.
214

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

216

217 Sec. 5. (1) The Commission may modify the base year based on data obtained from the Department
218 and presented to the Commission. The Department shall calculate the use rate for the population age 0-
219 17 and biennially present the revised use rate based on the most recent base year information available
220 biennially to the CON Commission.
221

222 (2) The Commission shall establish the effective date of the modifications made pursuant to
223 subsection (1).
224

225 (3) Modifications made by the Commission pursuant to subsection (1) shall not require Standard
226 Advisory Committee action, a public hearing, or submittal of the standard to the Legislature and the
227 Governor in order to become effective.
228

229 **Section 6. Requirements for approval to initiate service**

230

231 Sec. 6. An applicant proposing the initiation of an adult or child/adolescent psychiatric service shall
232 demonstrate or provide the following:
233

234 (1) The number of beds proposed in the CON application shall not result in the number of existing
235 adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need.
236 However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total
237 number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the
238 planning area, the difference is equal to or more than 1 or less than 10.
239

240 (2) A written recommendation, from the Department or the CMH that serves the county in which the
241 proposed beds or service will be located, shall include an agreement to enter into a contract to meet the
242 needs of the public patient. At a minimum, the letter of agreement shall specify the number of beds to be
243 allocated to the public patient and the applicant's intention to serve patients with an involuntary
244 commitment status.
245

246 (3) The number of beds proposed in the CON application to be allocated for use by public patients
247 shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct
248 response to a Department plan pursuant to subsection (5) shall allocate not less than 80% of the beds
249 proposed in the CON application.
250

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

- 256
257 (5) An applicant shall not be required to be in compliance with subsection (1) if the applicant
258 demonstrates that the application meets both of the following:
259 (a) The Director of the Department determines that an exception to subsection (1) should be made
260 and certifies in writing that the proposed project is a direct response to a Department plan for reducing the
261 use of public institutions for acute mental health care through the closure of a state-owned psychiatric
262 hospital; and
263 (b) The proposed beds will be located in the area currently served by the public institution that will be
264 closed, as determined by the Department.

265
266 **Section 7. Requirements for approval to replace beds**
267

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

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

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

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

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

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

286
287 **Section 8. Requirements for approval of an applicant proposing to relocate existing licensed**
288 **inpatient psychiatric beds**
289

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

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

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

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

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

303
304 (6) The relocation of beds under this section shall not result in initiation of a new adult or
305 child/adolescent service.
306

307 **Section 9. Requirements for approval to increase beds**

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

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

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

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

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

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

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

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

334 (i) For a facility with flex beds,

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

336 (1) For adult beds:

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

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

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

343 (2) For child/adolescent beds:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

400

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

402

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

405

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

407

408 (2) The number of flex beds proposed in the CON application shall not result in the existing adult
409 psychiatric unit to become non-compliant with the minimum size requirements within Section 6(4).
410

411 (3) The applicant shall meet all applicable sections of the standards.
412

413 (4) The facility shall be in compliance and meet all design standards of the most recent Minimum
414 Design Standards for Health Care Facilities in Michigan.
415

416 (5) The applicant shall convert the beds back to adult inpatient psychiatric beds if the bed has not
417 been used as a flex bed serving a child/adolescent patient for a continuous 12-month period or if the CON
418 application is withdrawn.
419

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

421

422 Sec. 11. An applicant proposing to acquire a psychiatric hospital or unit shall not be required to be in
423 compliance with the needed bed supply, for the planning area in which the psychiatric hospital or unit
424 subject to the proposed acquisition is located, if the applicant demonstrates that all of the following are
425 met:
426

427 (1) The acquisition will not result in a change in the number of licensed beds or beds designated for a
428 child/adolescent specialized psychiatric program.
429

430 (2) The licensed site does not change as a result of the acquisition.
431

432 **Section 12. Additional requirements for applications included in comparative review**

433

434 Sec. 12. (1) Any application subject to comparative review under Section 22229 of the Code, being
435 Section 333.22229 of the Michigan Compiled Laws, or UNDER these standards, shall be grouped and
436 reviewed COMPARATIVELY with other applications in accordance with the CON rules ~~applicable to~~
437 ~~comparative review~~.
438

439 (2) Each application in a comparative group shall be individually reviewed to determine whether the
440 application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of
441 the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these
442 standards. If the Department determines that two or more competing applications satisfy all of the
443 requirements for approval, these projects shall be considered qualifying projects. The Department shall
444 approve those qualifying projects which, when taken together, do not exceed the need, as defined in
445 Section 22225(1) of the Code, and which have the highest number of points when the results of
446 subsection (3) are totaled. If two or more qualifying projects are determined to have an identical number
447 of points, then the Department shall approve those qualifying projects which, when taken together, do not
448 exceed the need, in the order in which the applications were received by the Department, based on the
449 date and time stamp placed on the applications by the Department in accordance with rule 325.9123.
450

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

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

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

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

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

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

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

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

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

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

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

502	Psychiatric Hospital/Unit	Points Deducted
503	<u>Compliance Action</u>	
504		
505		
506	Non-renewal or revocation of license	4

507
CON Review Standards for Psychiatric Beds and Services
For CON Commission Final Action on September 21, 2016

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Non-renewal or termination of:

Certification - Medicare	4
Certification - Medicaid	4

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

Section 13. Requirements for approval -- all applicants

Sec. 13. (1) An applicant shall provide verification of Medicaid participation. An applicant that is a new 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.

(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.

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

561 (d) The inpatient psychiatric hospital or unit shall provide clinical, administrative, and support
562 services that will be at a level sufficient to accommodate patient needs and volume, and will be provided
563 seven days a week to assure continuity of services and the capacity to deal with emergency admissions.
564

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

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

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

569 (i) not deny acute inpatient mental health services to any individual based on ability to pay, source of
570 payment, age, race, handicap, national origin, religion, gender, sexual orientation or commitment status;
571 (ii) provide acute inpatient mental health services to any individual based on clinical indications of
572 need for the services; and
573 (iii) maintain information by payor and non-paying sources to indicate the volume of care from each
574 source provided annually. Compliance with selective contracting requirements shall not be construed as
575 a violation of this term.
576

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

578 (a) The average occupancy rate for all licensed beds at the psychiatric hospital or unit shall be at
579 least 60 percent (%) for adult beds and 40 percent (%) for child/adolescent beds for the second 12
580 months of operation, and annually thereafter.

581 (i) Calculate average occupancy rate for adult beds as follows:

582 (A) Add the number of adult patient days of care to the number of child/adolescent patient days of
583 care provided in the flex beds; divide this number by the adult bed days, then multiply the result by 100.

584 (ii) Calculate average occupancy rate for child/adolescent beds as follows:

585 (A) Subtract the number of child/adolescent patient days of care provided in the flex beds from the
586 number of child adolescent patient days of care; divide this number by the child/adolescent bed days,
587 then multiply the result by 100.

588 (b) Flex beds approved under section 10 shall be counted as existing adult inpatient psychiatric
589 beds. (c) After the second 12 months of operation, if the average occupancy rate is below 60% for
590 adult beds or 40% for child/adolescent beds, the number of beds shall be reduced to achieve a minimum
591 of 60% average annual occupancy for adult beds or 40% annual average occupancy for child/adolescent
592 beds for the revised licensed bed complement. However, the psychiatric hospital or unit shall not be
593 reduced to less than 10 beds.

594 (d) The applicant shall participate in a data collection network established and administered by the
595 Department or its designee. The data may include, but is not limited to: annual budget and cost
596 information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as
597 well as the volume of care provided to patients from all payor sources. The applicant shall provide the
598 required data on a separate basis for each licensed site; in a format established by the Department; and
599 in a mutually agreed upon media. The Department may elect to verify the data through on-site review of
600 appropriate records.

601 (e) The applicant shall provide the Department with a notice stating the date the beds or services are
602 placed in operation and such notice shall be submitted to the Department consistent with applicable
603 statute and promulgated rules.

604 (f) An applicant required to enter into a contract with a CMH(s) or the Department pursuant to these
605 standards shall have in place, at the time the approved beds or services become operational, a signed
606 contract to serve the public patient. The contract must address a single entry and exit system including
607 discharge planning for each public patient. The contract shall specify that at least 50% or 80% of the
608 approved beds, as required by the applicable sections of these standards, shall be allocated to the public

609 patient, and shall specify the hospital's or unit's willingness to admit patients with an involuntary
610 commitment status. The contract need not be funded.

611
612 (5) Compliance with this Section shall be determined by the Department based on a report submitted
613 by the applicant and/or other information available to the Department.

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

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

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

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

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

- 630 (i) a child/adolescent psychiatrist;
- 631 (ii) a child psychologist;
- 632 (iii) a psychiatric nurse;
- 633 (iv) a psychiatric social worker;
- 634 (v) an occupational therapist or recreational therapist; and

635 (b) There shall be a recipient rights officer employed by the hospital or the program.

636 (c) The applicant shall identify a staff member(s) whose assigned responsibilities include discharge
637 planning and liaison activities with the home school district(s).

638 (d) There shall be the following minimum staff employed either on a full time basis or ACCESS TO
639 on a consulting basis AS NEEDED:

- 640 (i) a pediatrician;
- 641 (ii) a child neurologist;
- 642 (iii) a neuropsychologist;
- 643 (iv) a speech and language therapist;
- 644 (v) an audiologist; and
- 645 (vi) a dietician.

646 (e) A child/adolescent service shall have the capability to determine that each inpatient admission is
647 the appropriate treatment alternative consistent with Section 498e of the Mental Health Code, being
648 Section 330.1498e of the Michigan Compiled Laws.

649 (f) The child/adolescent service shall develop and maintain a coordinated relationship with the home
650 school district of any patient to ensure that all public education requirements are met.

651 (g) The applicant shall demonstrate that the child/adolescent service is integrated within the
652 continuum of mental health services available in its planning area by establishing a formal agreement with
653 the CMH(s) serving the planning area in which the child/adolescent specialized psychiatric program is
654 located. The agreement shall address admission and discharge planning issues which include, at a
655 minimum, specific procedures for referrals for appropriate community services and for the exchange of
656 information with the CMH(s), the probate court(s), the home school district, the Michigan Department of
657 Human Services, the parent(s) or legal guardian(s) and/or the patient's attending physician.

658

659 (2) Compliance with this Section shall be determined by the Department based on a report submitted
660 by the program and/or other information available to the Department.

661
662 (3) The agreements and assurances required by this Section shall be in the form of a certification
663 agreed to by the applicant or its authorized agent.

664
665 **Section 16. Department inventory of beds**

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

669
670 **Section 17. Planning areas**

671
672 Sec. 17. The planning areas for inpatient psychiatric beds are the geographic boundaries of the
673 groups of counties as follows.

674

<u>Planning Areas</u>	<u>Counties</u>
675 1	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
676	
677	
678 2	Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee
679	
680 3	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van
681	Buren
682	
683 4	Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo,
684	Oceana, Ottawa
685	
686 5	Genesee, Lapeer, Shiawassee
687	
688 6	Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland,
689	Mecosta, Ogemaw, Osceola, Oscoda, Saginaw, Sanilac, Tuscola
690	
691 7	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford,
692	Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee,
693	Montmorency, Otsego, Presque Isle, Roscommon, Wexford
694	
695 8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron,
696	Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon,
697	Schoolcraft
698	

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

700
701 Sec. 18. (1) These CON review standards supercede and replace the CON Review Standards for
702 Psychiatric Beds and Services, approved by the CON Commission on ~~September 10~~DECEMBER 13,
703 2009-2012 and effective on ~~November 5~~MARCH 22, 20092013.

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

708

709 (3) Projects involving initiation of services or an increase in beds, approved pursuant to Section
710 ~~76~~(1), are reviewed under these standards and shall be subject to comparative review.
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**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 22.814625.664.

733 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH AND HUMAN SERVICES

734 CON REVIEW STANDARDS
735 FOR PSYCHIATRIC BEDS AND SERVICES
736 --ADDENDUM FOR SPECIAL POPULATION GROUPS
737

738
739 (BY AUTHORITY CONFERRED ON THE CON COMMISSION BY SECTION 22215 OF ACT NO. 368 OF
740 THE PUBLIC ACTS OF 1978, AS AMENDED, AND SECTIONS 7 AND 8 OF ACT NO. 306 OF THE
741 PUBLIC ACTS OF 1969, AS AMENDED, BEING SECTIONS 333.22215, 24.207 AND 24.208 OF THE
742 MICHIGAN COMPILED LAWS.)
743

744 SECTION 1. APPLICABILITY; DEFINITIONS
745

746 SEC. 1. (1) THIS ADDENDUM SUPPLEMENTS THE CON REVIEW STANDARDS FOR
747 PSYCHIATRIC BEDS AND SERVICES AND SHALL BE USED FOR DETERMINING THE NEED FOR
748 PROJECTS ESTABLISHED TO BETTER MEET THE NEEDS OF SPECIAL POPULATION GROUPS
749 WITHIN THE MENTAL HEALTH POPULATIONS.
750

751 (2) EXCEPT AS PROVIDED IN SECTIONS 2, 3, 4, 5, 6, AND 7 OF THIS ADDENDUM, THESE
752 STANDARDS SUPPLEMENT, AND DO NOT SUPERSEDE, THE REQUIREMENTS AND TERMS OF
753 APPROVAL REQUIRED BY THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND
754 SERVICES.
755

756 (3) THE DEFINITIONS WHICH APPLY TO THE CON REVIEW STANDARDS FOR PSYCHIATRIC
757 BEDS AND SERVICES SHALL APPLY TO THESE STANDARDS.
758

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

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

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

767 (c) "MEDICAL PSYCHIATRIC UNIT" MEANS A UNIT DESIGNED FOR PSYCHIATRIC PATIENTS
768 (ADULT OR CHILD/ADOLESCENT AS APPLICABLE) WHO HAVE ALSO BEEN DIAGNOSED WITH A
769 MEDICAL ILLNESS REQUIRING HOSPITALIZATION, E.G., PATIENTS WHO MAY BE ON DIALYSIS,
770 REQUIRE WOUND CARE OR NEED INTRAVENOUS OR TUBE FEEDING.
771

772 SECTION 2. REQUIREMENTS FOR APPROVAL -- APPLICANTS PROPOSING TO INCREASE
773 PSYCHIATRIC BEDS -- SPECIAL USE EXCEPTIONS
774

775 SEC. 2. A PROJECT TO INCREASE PSYCHIATRIC BEDS IN A PLANNING AREA WHICH, IF
776 APPROVED, WOULD OTHERWISE CAUSE THE TOTAL NUMBER OF PSYCHIATRIC BEDS IN THAT
777 PLANNING AREA TO EXCEED THE NEEDED PSYCHIATRIC BED SUPPLY OR CAUSE AN
778 INCREASE IN AN EXISTING EXCESS AS DETERMINED UNDER THE APPLICABLE CON REVIEW
779 STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES, MAY NEVERTHELESS BE APPROVED
780 PURSUANT TO THIS ADDENDUM.
781

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

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

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

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

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

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

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

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

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

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

826
827 (1) AN APPLICANT PROPOSING TO **BEGIN OPERATION OF A NEW ADULT OR**
828 **CHILD/ADOLESCENT PSYCHIATRIC SERVICE OR** ADD BEDS TO AN EXISTING ADULT OR
829 CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE
830 WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE
831 FOLLOWING:

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

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

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

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

842 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
843 PATIENTS.

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

845
846 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
847 MEDICAID.

848
849 **SECTION 5. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
850 **SPECIAL POPULATION GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC PATIENTS**

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

856
857 (1) AN APPLICANT PROPOSING TO **BEGIN OPERATION OF A NEW ADULT PSYCHIATRIC**
858 **SERVICE OR** ADD BEDS TO AN EXISTING ADULT PSYCHIATRIC SERVICE UNDER THIS SECTION
859 SHALL DEMONSTRATE WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE
860 DEPARTMENT EACH OF THE FOLLOWING:

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

862 (i) DOCUMENTATION OF ITS EXISTING GERIATRIC PSYCHIATRIC PROGRAM BY THE
863 COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) OR ANOTHER
864 NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC
865 CARE AND SERVICES; OR

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

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

871 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
872 PATIENTS.

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

874
875 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE DUALY CERTIFIED
876 FOR MEDICARE AND MEDICAID.

877
878 **SECTION 6. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR**
879 **SPECIAL POPULATION GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC PATIENTS**

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

885
886 (1) AN APPLICANT PROPOSING TO **BEGIN OPERATION OF A NEW ADULT OR**
887 **CHILD/ADOLESCENT PSYCHIATRIC SERVICE OR** ADD BEDS TO AN EXISTING ADULT OR
888 CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE

889 WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE
890 FOLLOWING:

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

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

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

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

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

903 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
904 PATIENTS.

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

906
907 (2) ALL BEDS APPROVED PURSUANT TO THIS SUBSECTION SHALL BE CERTIFIED FOR
908 MEDICAID.

909
910 **SECTION 7. ACQUISITION OF PSYCHIATRIC BEDS APPROVED PURSUANT TO THIS ADDENDUM**

911
912 SEC. 7. (1) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE
913 STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO DEVELOPMENTAL
914 DISABILITY SHALL MEET THE FOLLOWING:

915 (a) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF THE EXISTING
916 DEVELOPMENTAL DISABILITY PROGRAM BY THE NATIONAL ASSOCIATION FOR THE DUALY
917 DIAGNOSED (NADD) OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION
918 FOR DEVELOPMENTAL DISABILITY CARE AND SERVICES.

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

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

924 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
925 PATIENTS.

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

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

929
930 (2) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE STATEWIDE
931 POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC SHALL
932 MEET THE FOLLOWING:

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

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

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

941 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
942 PATIENTS.

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

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

946
947 (3) AN APPLICANT PROPOSING TO ACQUIRE PSYCHIATRIC BEDS FROM THE STATEWIDE
948 POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC SHALL
949 MEET THE FOLLOWING:

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

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

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

958 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
959 PATIENTS.

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

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

963
964 **SECTION 8. PROJECT DELIVERY REQUIREMENTS -- TERMS OF APPROVAL FOR ALL**
965 **APPLICANTS SEEKING APPROVAL UNDER SECTION 3(1) OF THIS ADDENDUM**

966
967 SEC. 8. (1) AN APPLICANT SHALL AGREE THAT IF APPROVED, THE SERVICES SHALL BE
968 DELIVERED IN COMPLIANCE WITH THE TERMS OF APPROVAL REQUIRED BY THE CON REVIEW
969 STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

970
971 (2) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
972 GROUPS ALLOCATED TO DEVELOPMENTAL DISABILITY PATIENTS SHALL AGREE THAT, IF
973 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
974 ACCORDANCE WITH THE FOLLOWING TERMS OF CON APPROVAL:

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

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

985 (c) AN APPLICANT SHALL MAINTAIN NADD CERTIFICATION OR ANOTHER NATIONALLY-
986 RECOGNIZED ACCREDITATION ORGANIZATION FOR DEVELOPMENTAL DISABILITY CARE AND
987 SERVICES.

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

990 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
991 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE DEVELOPMENTAL
992 DISABILITY UNIT.

993 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.
994 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
995 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
996 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

997 (e) IF THE SPECIALIZED PROGRAM IS BEING ADDED TO AN EXISTING ADULT OR
998 CHILD/ADOLESCENT PSYCHIATRIC SERVICE AS APPLICABLE, THEN THE EXISTING SHALL BE
999 ATTACHED OR GEOGRAPHICALLY ADJACENT TO A LICENSED ADULT OR CHILD/ADOLESCENT
1000 PSYCHIATRIC SERVICE, AS APPLICABLE, THAT IS MEETING SHALL MAINTAIN THE VOLUME
1001 REQUIREMENTS OUTLINED IN SECTION 14 OF THE CON REVIEW STANDARDS FOR
1002 PSYCHIATRIC BEDS AND SERVICES.

1003 (f) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1004 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF
1005 DEVELOPMENTAL DISABILITY PATIENTS.

1006 (g) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1007 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1008 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1009 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

1010
1011 (3) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1012 GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC PATIENTS SHALL AGREE THAT IF
1013 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1014 ACCORDANCE WITH THE FOLLOWING TERMS OF CON APPROVAL:

1015 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1016 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1017 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1018 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
1019 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1020 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1021 FOR GERIATRIC PSYCHIATRIC BEDS.

1022 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR GERIATRIC PSYCHIATRIC
1023 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1024 SUCH INDIVIDUALS.

1025 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1026 RECOGNIZED ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC CARE AND
1027 SERVICES.

1028 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND
1029 PROCEDURES FOR EACH OF THE FOLLOWING:

1030 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1031 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE GERIATRIC
1032 PSYCHIATRIC UNIT.

1033 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1034 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1035 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1036 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1037 (e) IF THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1038 IS BEING ADDED TO AN EXISTING ADULT LICENSED PSYCHIATRIC SERVICE, THEN THE
1039 EXISTING LICENSED PSYCHIATRIC SERVICE THAT IS MEETING SHALL MAINTAIN THE VOLUME
1040 REQUIREMENTS OUTLINED IN SECTION 14 OF THE CON REVIEW STANDARDS FOR
1041 PSYCHIATRIC BEDS AND SERVICES.

1042 (f) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1043 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF GERIATRIC
1044 PSYCHIATRIC PATIENTS.

1045 (g) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1046 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1047 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1048 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

1049
1050 (4) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1051 GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC PATIENTS SHALL AGREE THAT, IF APPROVED,
1052 ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1053 ACCORDANCE WITH THE FOLLOWING CON TERMS OF APPROVAL.

1054 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1055 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1056 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1057 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
1058 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1059 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1060 FOR MEDICAL PSYCHIATRIC BEDS.

1061 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR MEDICAL PSYCHIATRIC
1062 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1063 SUCH INDIVIDUALS.

1064 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1065 RECOGNIZED ACCREDITATION ORGANIZATION FOR MEDICAL PSYCHIATRIC CARE AND
1066 SERVICES.

1067 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND
1068 PROCEDURES FOR EACH OF THE FOLLOWING:

1069 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1070 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE MEDICAL
1071 PSYCHIATRIC UNIT.

1072 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1073 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1074 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1075 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1076 (e) IF THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY
1077 ADJACENT IS BEING ADDED TO AN EXISTING LICENSED ADULT OR CHILD/ADOLESCENT
1078 PSYCHIATRIC SERVICE, THEN THE EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC
1079 SERVICE, AS APPLICABLE, THAT IS MEETING SHALL MAINTAIN THE VOLUME REQUIREMENTS
1080 OUTLINED IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND
1081 SERVICES.

1082 (f) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1083 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF MEDICAL
1084 PSYCHIATRIC PATIENTS.

1085 (g) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1086 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1087 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1088 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

1089
1090 **SECTION 9. COMPARATIVE REVIEWS, EFFECT ON PRIOR CON REVIEW STANDARDS**
1091

1092 SEC. 9. (1) PROJECTS PROPOSED UNDER SECTION 4 SHALL BE CONSIDERED A DISTINCT
1093 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.
1094
1095 (2) PROJECTS PROPOSED UNDER SECTION 5 SHALL BE CONSIDERED A DISTINCT
1096 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.
1097
1098 (3) PROJECTS PROPOSED UNDER SECTION 6 SHALL BE CONSIDERED A DISTINCT
1099 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.
1100
1101