

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
112 licensing 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
138 devotes a substantial portion of his or her time to the diagnosis and treatment of individuals with serious
139 mental 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
178 the 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 **Section 4. Bed need for inpatient psychiatric beds**

199
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
261 the 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.
356

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
383 the 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
418 CON 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
428 a 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
466 days.

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

471 (g) A qualifying project will have 4 points deducted if the Department has issued, within three years
472 prior to the date on which the CON application was deemed submitted, a temporary permit or provisional

473 license due to a pattern of licensure deficiencies at any psychiatric hospital or unit owned or operated by
474 the applicant in this state.

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

477

478	Hospital Indigent	Points
479	<u>Volume</u>	<u>Awarded</u>
480		
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

491

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

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

503

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

513

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

522

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

524

525 Sec. 13. (1) An applicant shall provide verification of Medicaid participation. An applicant that is a
526 new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be
527 provided to the Department within six (6) months from the offering of services if a CON is approved.
528

529 (2) The applicant certifies all outstanding debt obligations owed to the State of Michigan for Quality
530 Assurance Assessment Program (QAAP) or Civil Monetary Penalties (CMP) have been paid in full.
531

532 (3) The applicant certifies that the health facility for the proposed project has not been cited for a
533 state or federal code deficiency within the 12 months prior to the submission of the application. If a code
534 deficiency has been issued, then the applicant shall certify that a plan of correction for cited state or
535 federal code deficiencies at the health facility has been submitted and approved by the Bureau of Health
536 Systems within the Department or, as applicable, the Centers for Medicare and Medicaid Services. If
537 code deficiencies include any unresolved deficiencies still outstanding with the Department or the Centers
538 for Medicare and Medicaid Services that are the basis for the denial, suspension, or revocation of an
539 applicant's health facility license, poses an immediate jeopardy to the health and safety of patients, or
540 meets a federal conditional deficiency level, the proposed project cannot be approved without approval
541 from the Bureau of Health Systems.
542

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

544

545 Sec. 14. An applicant shall agree that, if approved, the project shall be delivered in compliance with
546 the following terms of CON approval:
547

548 (1) Compliance with these standards.
549

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

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

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

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

562 (d) The inpatient psychiatric hospital or unit shall provide clinical, administrative, and support
563 services that will be at a level sufficient to accommodate patient needs and volume, and will be provided
564 seven days a week to assure continuity of services and the capacity to deal with emergency admissions.
565

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

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

569 (b) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:
570 (i) not deny acute inpatient mental health services to any individual based on ability to pay, source
571 of payment, age, race, handicap, national origin, religion, gender, sexual orientation or commitment
572 status;

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

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

578
579 (4) Compliance with the following monitoring and reporting requirements:
580 (a) The average occupancy rate for all licensed beds at the psychiatric hospital or unit shall be at
581 least 60 percent (%) for adult beds and 40 percent (%) for child/adolescent beds for the second 12
582 months of operation, and annually thereafter.
583 (i) Calculate average occupancy rate for adult beds as follows:
584 (A) Add the number of adult patient days of care to the number of child/adolescent patient days of
585 care provided in the flex beds; divide this number by the adult bed days, then multiply the result by 100.
586 (ii) Calculate average occupancy rate for child/adolescent beds as follows:
587 (A) Subtract the number of child/adolescent patient days of care provided in the flex beds from the
588 number of child adolescent patient days of care; divide this number by the child/adolescent bed days,
589 then multiply the result by 100.
590 (b) Flex beds approved under section 10 shall be counted as existing adult inpatient psychiatric
591 beds. (c) After the second 12 months of operation, if the average occupancy rate is below 60% for
592 adult beds or 40% for child/adolescent beds, the number of beds shall be reduced to achieve a minimum
593 of 60% average annual occupancy for adult beds or 40% annual average occupancy for child/adolescent
594 beds for the revised licensed bed complement. However, the psychiatric hospital or unit shall not be
595 reduced to less than 10 beds.
596 (d) The applicant shall participate in a data collection network established and administered by the
597 Department or its designee. The data may include, but is not limited to: annual budget and cost
598 information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as
599 well as the volume of care provided to patients from all payor sources. The applicant shall provide the
600 required data on a separate basis for each licensed site; in a format established by the Department; and
601 in a mutually agreed upon media. The Department may elect to verify the data through on-site review of
602 appropriate records.
603 (e) The applicant shall provide the Department with a notice stating the date the beds or services are
604 placed in operation and such notice shall be submitted to the Department consistent with applicable
605 statute and promulgated rules.
606 (f) An applicant required to enter into a contract with a CMH(s) or the Department pursuant to these
607 standards shall have in place, at the time the approved beds or services become operational, a signed
608 contract to serve the public patient. The contract must address a single entry and exit system including
609 discharge planning for each public patient. The contract shall specify that at least 50% or 80% of the
610 approved beds, as required by the applicable sections of these standards, shall be allocated to the public
611 patient, and shall specify the hospital's or unit's willingness to admit patients with an involuntary
612 commitment status. The contract need not be funded.
613
614 (5) Compliance with this Section shall be determined by the Department based on a report submitted
615 by the applicant and/or other information available to the Department.

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

619
620 (67) The agreements and assurances required by this Section shall be in the form of a certification
621 agreed to by the applicant or its authorized agent.
622

623 **Section 15. Project delivery requirements - additional terms of approval for child/adolescent**
624 **service**

625
626 Sec. 15. (1) In addition to the provisions of Section ~~1214~~, an applicant for a child/adolescent service
627 shall agree to operate the program in compliance with the following terms of CON approval, as
628 applicable:

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

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

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

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

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

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

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

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

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

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

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

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

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

671 **Section 17. Planning areas**

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

675		
676	<u>Planning Areas</u>	<u>Counties</u>
677	1	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
678		
679	2	Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee
680		
681	3	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van
682		Buren
683		
684	4	Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo,
685		Oceana, Ottawa
686		
687	5	Genesee, Lapeer, Shiawassee
688		
689	6	Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland,
690		Mecosta, Ogemaw, Osceola, Oscoda, Saginaw, Sanilac, Tuscola
691		
692	7	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford,
693		Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee,
694		Montmorency, Otsego, Presque Isle, Roscommon, Wexford
695		
696	8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron,
697		Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon,
698		Schoolcraft
699		

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

701
702 Sec. 18. (1) These CON review standards supercede and replace the CON Review Standards for
703 Psychiatric Beds and Services, approved by the CON Commission on ~~September 10~~DECEMBER 13,
704 2009-2012 and effective on ~~November 5~~MARCH 22, 20092013.

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

709
710 (3) Projects involving initiation of services or an increase in beds, approved pursuant to Section
711 76(1), 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>

726

727
728
729
730
731
732
733
734

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.

735 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH AND HUMAN SERVICES

736
737 CON REVIEW STANDARDS
738 FOR PSYCHIATRIC BEDS AND SERVICES
739 --ADDENDUM FOR SPECIAL POPULATION GROUPS
740

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

745
746 SECTION 1. APPLICABILITY; DEFINITIONS
747

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

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

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

760
761 (4) FOR PURPOSES OF THIS ADDENDUM, THE FOLLOWING TERMS ARE DEFINED:

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

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

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

773
774 SECTION 2. REQUIREMENTS FOR APPROVAL -- APPLICANTS PROPOSING TO INCREASE
775 PSYCHIATRIC BEDS -- SPECIAL USE EXCEPTIONS
776

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

783
784
785 SECTION 3. STATEWIDE POOL FOR THE NEEDS OF SPECIAL POPULATION GROUPS WITHIN
786 THE MENTAL HEALTH POPULATIONS
787

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

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

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

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

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

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

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

820 **SECTION 4. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR** 821 **SPECIAL POPULATION GROUPS ALLOCATED TO DEVELOPMENTAL DISABILITY PATIENTS**

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

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

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

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

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

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

844 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
845 PATIENTS.

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

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

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

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

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

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

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

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

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

873 (c) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
874 PATIENTS.

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

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

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

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

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

891 WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE
892 FOLLOWING:

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

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

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

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

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

905 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
906 PATIENTS.

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

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

911 SECTION 7. ACQUISITION OF PSYCHIATRIC BEDS APPROVED PURSUANT TO THIS ADDENDUM

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

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

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

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

926 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF DEVELOPMENTAL DISABILITY
927 PATIENTS.

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

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

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

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

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

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

943 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF GERIATRIC PSYCHIATRIC
944 PATIENTS.

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

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

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

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

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

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

960 (d) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC
961 PATIENTS.

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

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

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

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

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

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

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

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

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

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

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

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

999 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1000 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
1001 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

1002 (f) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1003 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF
1004 DEVELOPMENTAL DISABILITY PATIENTS.

1005 (g) THE DEVELOPMENTAL DISABILITY UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1006 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1007 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1008 FACILITY THAT IS APPROPRIATE FOR DEVELOPMENTAL DISABILITY PATIENTS.

1009
1010 (3) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1011 GROUPS ALLOCATED TO GERIATRIC PSYCHIATRIC PATIENTS SHALL AGREE THAT IF
1012 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1013 ACCORDANCE WITH THE FOLLOWING TERMS OF CON APPROVAL:

1014 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1015 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1016 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1017 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
1018 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1019 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1020 FOR GERIATRIC PSYCHIATRIC BEDS.

1021 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR GERIATRIC PSYCHIATRIC
1022 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1023 SUCH INDIVIDUALS.

1024 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1025 RECOGNIZED ACCREDITATION ORGANIZATION FOR GERIATRIC PSYCHIATRIC CARE AND
1026 SERVICES.

1027 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND
1028 PROCEDURES FOR EACH OF THE FOLLOWING:

1029 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1030 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE GERIATRIC
1031 PSYCHIATRIC UNIT.

1032 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1033 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1034 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1035 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1036 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1037 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
1038 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

1039 (f) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1040 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF GERIATRIC
1041 PSYCHIATRIC PATIENTS.

1042 (g) THE GERIATRIC PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1043 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1044 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1045 FACILITY THAT IS APPROPRIATE FOR GERIATRIC PSYCHIATRIC PATIENTS.

1046
1047 (4) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION
1048 GROUPS ALLOCATED TO MEDICAL PSYCHIATRIC PATIENTS SHALL AGREE THAT, IF

1049 APPROVED, ALL BEDS APPROVED PURSUANT TO THAT SUBSECTION SHALL BE OPERATED IN
1050 ACCORDANCE WITH THE FOLLOWING CON TERMS OF APPROVAL.

1051 (a) THE APPLICANT SHALL DOCUMENT, AT THE END OF THE THIRD YEAR FOLLOWING
1052 INITIATION OF BEDS APPROVED AN ANNUAL AVERAGE OCCUPANCY RATE OF 80 PERCENT OR
1053 MORE. IF THIS OCCUPANCY RATE HAS NOT BEEN MET, THE APPLICANT SHALL REDUCE BEDS
1054 TO A NUMBER OF BEDS NECESSARY TO RESULT IN A 80 PERCENT AVERAGE ANNUAL
1055 OCCUPANCY FOR THE THIRD FULL YEAR OF OPERATION AND ANNUALLY THEREAFTER. THE
1056 NUMBER OF BEDS REDUCED SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED
1057 FOR MEDICAL PSYCHIATRIC BEDS.

1058 (b) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR MEDICAL PSYCHIATRIC
1059 PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF
1060 SUCH INDIVIDUALS.

1061 (c) AN APPLICANT SHALL MAINTAIN CARF CERTIFICATION OR ANOTHER NATIONALLY-
1062 RECOGNIZED ACCREDITATION ORGANIZATION FOR MEDICAL PSYCHIATRIC CARE AND
1063 SERVICES.

1064 (d) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND
1065 PROCEDURES FOR EACH OF THE FOLLOWING:

1066 (i) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM
1067 CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE MEDICAL
1068 PSYCHIATRIC UNIT.

1069 (ii) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES.

1070 (iii) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS
1071 ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES
1072 THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE.

1073 (e) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT
1074 TO A LICENSED PSYCHIATRIC SERVICE THAT IS MEETING VOLUME REQUIREMENTS OUTLINED
1075 IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.

1076 (f) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE A DAY/DINING AREA WITHIN, OR
1077 IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF MEDICAL
1078 PSYCHIATRIC PATIENTS.

1079 (g) THE MEDICAL PSYCHIATRIC UNIT SHALL HAVE DIRECT ACCESS TO A SECURE
1080 OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

1081 (h) THE APPLICANT SHALL MAINTAIN PROGRAMS TO PROMOTE A CULTURE WITHIN THE
1082 FACILITY THAT IS APPROPRIATE FOR MEDICAL PSYCHIATRIC PATIENTS.

1083 SECTION 9. COMPARATIVE REVIEWS, EFFECT ON PRIOR CON REVIEW STANDARDS

1084 SEC. 9. (1) PROJECTS PROPOSED UNDER SECTION 4 SHALL BE CONSIDERED A DISTINCT
1085 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.

1086 (2) PROJECTS PROPOSED UNDER SECTION 5 SHALL BE CONSIDERED A DISTINCT
1087 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.

1088 (3) PROJECTS PROPOSED UNDER SECTION 6 SHALL BE CONSIDERED A DISTINCT
1089 CATEGORY AND SHALL BE SUBJECT TO COMPARATIVE REVIEW ON A STATEWIDE BASIS.