**III. Long-Term Care**

**A. Nursing Facility Beds**

**Definition**

“Nursing Facility Bed” includes long-term care beds licensed as Alzheimer beds, intermediate care beds, nursing facility beds, and nursing home beds.

Nursing Facility Beds do not include personal care beds, nursing home beds established under the continuing care retirement community (CCRC) provisions of this Plan, or long-term care beds located in state or federally-operated facilities.

**Need Assessment for Nursing Facility Beds**

The need for additional nursing facility beds in each county shall be calculated as follows:

**A = B - C**

Where:

A = The net county NF bed need.

B = The number of patients from the applicant’s proposed county of location who found NF bed placement in a noncontiguous Kentucky county as reported in the most recently published *Kentucky Annual* *Long-Term Care Services Report*.

C = The average number of empty beds in the county of application and all Kentucky counties contiguous to the county of application. The average number of empty beds for a county shall be calculated by multiplying the number of non-state owned and non-CCRC licensed NF beds times the occupancy percentage for the county as reported in the most recently published *Kentucky Annual* *Long-Term Care Services Report*. Nursing home beds for the provision of post-acute rehabilitation services shall not be included in the calculation.

**Review Criteria**

An application for nursing facility beds shall be consistent with this Plan if the following criteria are met:

1. The number of nursing facility beds being applied for is equal to or less than the net county NF bed need;

2. Any approval shall give preference to conversion of personal care beds and acute care beds to nursing facility beds so long as the conversions are more cost effective than new construction;

3. [~~Notwithstanding the above criteria, an application submitted by an existing facility that has met the emergency circumstances provision as outlined in 900 KAR 6:080, Section 2, and has received notice from the Office of Health Policy that an emergency exists shall be consistent with this Plan only if the application is restricted to the limited purpose of alleviating the emergency;~~

~~4.~~] Notwithstanding criteria 1,2, 4, and 5 [~~the above criteria~~], an application [~~submitted~~] to transfer or relocate licensed or existing certificate of need approved nursing facility beds shall be consistent with this Plan if the following criteria are met:

1. [~~The selling or transferring entity has a certificate of need or licensed nursing facility bed inventory or at least 250 beds;~~

~~b.~~] The proposed transfer or relocation is within the same county, to a contiguous county, or to a county within the same Area Development District; and

b. The transfer of licensed nursing facility beds does not result in a need for additional nursing facility beds in the county of the transferring facility using the State Health Plan methodology for net county nursing facility bed need; [~~in a county which had an increase in the age 65 and over population of >50% from 2000-2010 and is projected to experience >75% increase in the age 65 and over population from 2010-2012; and~~

~~c.~~ ~~The selling or transferring entity does not propose to sell or transfer more than fifty (50) percent of its certificate of need approved or licensed nursing facility beds; and~~]

4.[~~5.~~] Notwithstanding criteria 1, 2, 3, and 5 [~~the above criteria~~], an application submitted to transfer licensed nursing facility beds to a licensed nursing facility in a county that is not contiguous or to a county outside the Area Development District [~~another county~~] shall be consistent with this Plan if the following criteria are met:

a. [~~No~~] More than ten (10) nursing facility beds shall not [~~may~~] be transferred from a licensed nursing facility within a period of one (1) year;

b. The facility transferring the beds is located in a county that [~~which~~] has an average annual nursing facility bed occupancy of <95% as reported in the most recently published *Kentucky Annual Long-Term Care Services Report*:

c. The facility receiving the beds is located in a county that [~~which~~] has an average annual nursing facility bed occupancy of ≥95% annual occupancy as reported in the most recently published *Kentucky Annual Long-Term Care Services R*eport;

d. The facility receiving the beds has an overall rating of 4 or 5 stars reported by CMS’ most recently published Nursing Home Compare for three (3) of the last four (4) reported months preceding the date the application is filed; and

e. The transfer of licensed nursing facility beds does not result in a need for additional nursing facility beds in the county of the transferring facility using the State Health Plan methodology for net county nursing facility bed need; and

[~~f. The facility receiving the beds participates in the Cabinet’s National Background Check Program pursuant to 906 KAR 1:190.~~]

5. Notwithstanding criteria 1, 2, 3, and 4, an application to establish nursing home beds for the provision of post-acute rehabilitation services shall be consistent with this Plan if the proposed annual average length of stay of the nursing home beds does not exceed twenty-one (21) days.