Title 15: Mississippi State Department of Health

Part 9: Office of Health Policy and Planning

Subpart 99: MISSISSIPPI STATE RURAL HEALTH PLAN

Chapter 1. MISSISSIPPI STATE RURAL HEALTH PLAN

Subchapter 1. INTRODUCTION AND PURPOSE OF PLAN

Rule 1.1.1 A Mississippi State Office of Rural Health Program (SORH) was authorized as a unit of the Mississippi State Department of Health during the 1990 session of the Mississippi State Legislature. The specific legislative authority for the SORH is contained in Mississippi statute at Section 41-3-15. This State Rural Health Plan was developed to meet the SORH's legislative duty related to developing and implementing plans, to provide a definition for rural areas in the state, and to define rural facilities. The federal Office of Rural Health Policy (ORHP) at the Health Resources and Services Administration also periodically requires states to develop State Rural Health Plans (SRHP) to guide program activities when seeking FLEX Program funding for assisting critical access hospitals (CAHs).

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.1.2 As the population ages, the need for health care services and workers will increase. This State Rural Health Plan was developed to review the rural health sector of our state. The plan was prepared in consultation with the Mississippi State Rural Health Plan Steering Committee. The committee was comprised of representation from: the Mississippi Hospital Association, Mississippi Association of Supervisors and other small rural hospitals.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 2. STATE PROFILE

Rule 1.2.1 State Historic Information and Geographic Description- Mississippi is named for the Mississippi river which forms its western boundary and empties into the Gulf of Mexico. The name roughly translated from Native American folklore means "Father of Waters." Mississippi was organized as a territory in 1798 and was admitted as the 20th state to join the Union on December 10, 1817. David Holmes was chosen as the first governor of the state.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.2 Mississippi is bounded on the north by Tennessee, on the east by Alabama, on the west by Arkansas and Louisiana, and on the south by the Gulf of Mexico. Mississippi contains 47,715 square miles of area, mostly rural farmland. In the north, the large, fertile alluvial Delta was mostly swamp until the mid-1850s when, by the sweat of men and mules, some 300 miles of levees claimed this broad region. At the Delta's eastern edge, the land suddenly changes from table-flat to the rising loess bluff hills, stretching north into Tennessee and south into Louisiana. From Mississippi's northeast hills southward, the land changes into rolling farmland, hardwood highlands, then red clay hills to fertile pasture lands, on to piney forest, eventually giving way to the man-made white sand beaches of the Gulf Coast.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.3 Population Distribution and Demographics- Mississippi has 82 counties and the U.S. Census Bureau's 2008-2012 American Community Survey Five-Year Estimate reported Mississippi's population at 2,967,620.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.4 Mississippi demographics include high poverty levels (22.3% compared to 14.9% for the nation), a large African American population (37.7%), low education levels, very limited industry in many rural areas, poor local tax bases, and diminishing state dollars. Rural residents and minorities are population groups affected by health disparities. According to the American Community Survey, the median age is 36 years and persons aged 65 or older makes up 12.9% of the population. Mississippi's gender composition is 48.5% male and 51.5% female. The poverty rate for the elderly was 14.6% compared to 9.4% is the nation. Eighty-one percent of Mississippians over the age of 25 are high school graduates or higher and 20% of Mississippians in this age group have a bachelor's degree or higher. Both levels are less than the respective national average at 85.7% and 28.5%.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.5 Mississippi Economic Data- The Census Bureau 3-Year Average (2011-2013) median household income (in 2013 inflation-adjusted dollars) for the nation was $52,517. Mississippi ranked 50th in this area with a median household of $40,194.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.6 The state had an average citizen labor force of 1,347,995 with an unemployment rate of 10.6%. During September 2014, eighteen counties reported double- digit unemployment rates. Thirty-five percent of the population had public health

insurance coverage and 17.5% had no health insurance coverage.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.7 Health Status- Mississippi is traditionally a medically underserved state with statistics presenting an extremely negative view of the overall health of citizens in the state. Compared to national health data, Mississippi residents rank lowest in several overall health indicators. Some of the health problems of Mississippians are the result of behavioral risk factors for youths and adults, health disparities, lack of access, and an inadequate supply of health professionals for underserved areas. These factors often lead to high morbidity and high mortality rates. Mississippi's rates for cardiovascular disease, diabetes, obesity, teenage pregnancy, premature births, low birth weights, and infant mortality are some of the highest levels in the nation. Table 1 provides information on some of Mississippi's health indicators.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.8 Some of the state's health care priority areas include disease prevention, health promotion, health protection, healthcare for specific population groups (i.e., mothers, babies, the elderly, indigent, uninsured, the disabled, persons with developmental conditions, and minorities), availability of adequate health workforce throughout the state, health disparities, mental health needs, and enhanced capability to respond to public health emergencies.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.9 The prevalence of mental illness, although difficult to assess, serves as a good indicator of the volume of need for mental health services in a given population. The Mississippi Department of Mental Health's (MDMH) state fiscal year 2013 annual report, estimated that 165,000 people would need mental health services.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.2.10 The Health Resources and Services Administration (HRSA) has developed a listing of key health indicators that can be used to assess health status, identify barriers to access to care, and provide a quantitative measure of need. Table 1 provides a listing of indicators that present a snapshot of the barriers and health problems of the state of Mississippi as they compare to national data.

TABLE 1 Mississippi Core Health Indicators		
Core Health Indicators	**Mississippi Data/Rate**	**US Data/Rate**
Diabetes Prevalence (diagnosed with diabetes) Source: http://apps.nccd.cdc.gov/BRFSS-SMART/SelMMSAPrevData.asp	12.4%	8.7%
Mortality Rate from Diseases of the Heart Source: http://wonder.cdc.gov	292.1	223.3
Women Age 50+ (No Mammogram in Past 2 Years) Source: http://apps.nccd.cdc.gov/BRFSS-SMART/SelMMSAPrevData.asp	28.9%	23%
Adults Who Are Current Smokers Source: http://apps.nccd.cdc.gov/BRFSS-SMART/SelMMSAPrevData.asp	24%	19.6%
Infant Mortality Rate per 1,000 Source: http://wonder.cdc.gov	10.53	6.68
Children With Obese Weight Status Based on Body Mass Index for Age 10-17 Source: http://childhealthdata.org/browse/survey	21.9%	16.4%
Suicide Rate (Crude Rate per 100,000) Source: CDC WONDER http://wonder.cdc.gov	13.1	12.4
Percentage of Adults Without A Visit to Dentist or Dental Clinic in Past Year Source: http://apps.nccd.cdc.gov/BRFSS-SMART/SelMMSAPrevData.asp	44.6%	32.8%

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 3. STATE RURAL AREA DEFINITION

Rule 1.3.1 The state defines a rural area as: 1) a Mississippi county that has a population less than 50,000 individuals; 2) an area that is less than 500 individuals per square mile; or 3) a municipality of less than 15,000 individuals.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 4. HEALTH SYSTEMS IN MISSISSIPPI

Rule 1.4.1 Mississippi is committed to assisting communities in determining the best course of action in planning and developing rural health systems, including plans that improve access to health services, reduce duplication of services, and develop and support rural health networks. The Mississippi Public Health System is led by the MSDH, an agency which includes an 11-member Board of Health, State Health Officer, central administrative offices in Jackson, nine district offices, and 81

county health departments. The MSDH promotes and protects the health of the citizens of Mississippi through health promotion, disease prevention, and the control of communicable diseases. This section describes some of the types of public rural health facilities and systems in Mississippi that comprise the rural health infrastructure.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.2 Hospitals- Mississippi has 111 hospitals; 95 acute care, 4 psychiatric, 1 rehabilitation, 1 OB/GYN, and 10 long-term acute care. There are five federal hospitals in the state. Ninety-five hospitals are classified as medical/surgical based on the type of service that the hospitals provided to the majority of admissions. Seven counties in the state do not have a hospital: Amite, Benton, Carroll, Humphreys, Issaquena, Itawamba, and Tunica. The federal government operates two Veterans' Administration Hospitals, one in Jackson and one in Biloxi. The United States Air Force operates medical facilities at Columbus and Biloxi to serve active duty and retired military personnel and their dependents. The Indian Health Service funds the operation of the Choctaw Health Center, an 18-bed acute care hospital in Philadelphia which is operated by and provides health care services to the Mississippi Band of Choctaw Indians. Forty-one hospitals reported having rural health clinics and 933,280 rural health clinic visits.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.3 Mississippi has 32 critical access hospitals and 51 rural hospitals eligible for the Small Rural Hospital Performance Improvement Grant Program.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.4 Local Health Departments- The MSDH operates at least one county health department in every county except Issaquena which is covered by the health department in Sharkey county. These 81 county health departments have more than 100 clinic sites throughout the state. Department staff includes public health nurses, nurse practitioners, physicians, disease investigators, environmentalists, medical records clerks, social workers, and nutritionists. The county health departments provide immunizations, family planning, WIC (Special Supplemental Food Program for Women, Infants, and Children), tuberculosis treatment and prevention services, sexually-transmitted disease (including HIV/AIDS) services, and other communicable disease follow-up. Additional services, such as child health and maternity services are available based on the county's need. The number and type of staff may vary according to the need and resources in each particular county; however, every county provides all general public health services.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.5 Rural Health Clinics- Rural Health Clinics (RHCs) provide care in areas designated by the U.S. Department of Health and Human Services as medically underserved. These clinics use physician's assistants and nurse practitioners under the general direction of a physician, who is located within 15 miles of the clinic, to provide outpatient primary care services to patients in rural areas. RHCs may be freestanding facilities owned by physicians or provider-based clinics established by hospitals, nursing homes, or home health agencies. The July 2014 MSDH Facilities Directory reported that Mississippi had 159 certified RHCs and the state fiscal year 2013 Report on Hospitals indicated that there were 933,280 visits for the 99 hospitals with rural health clinics.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.6 Community Health Centers (CHCs)- The availability and accessibility of primary health care services is essential to meet the needs of the state's population. Community Health Centers (CHCs) provide access to medical care for residents who are plagued by a shortage of medical services, financial restrictions, and other social or economic barriers. CHCs are federally-subsidized, non-profit corporations that must serve populations identified by the U.S. Department of Health and Human Services as medically underserved. This status indicates that the geographic area has limited medical resources; other factors include poverty and lack of health insurance. CHCs offer a range of services, including medical, dental, radiology, pharmacy, nutrition, health education, and transportation. Mississippi has 21 CHCs, with 207 sites, including school clinic locations.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.7 Long-Term Care- Mississippi's long-term care (nursing home and home health) patients are primarily disabled elderly people, who make up 20 percent of the 2025 projected population above age 65. Projections place the number of people in this age group at approximately 642,506 by 2025, with more than 186,327 disabled in at least one essential activity of daily living.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.8 The risk of becoming frail, disabled, and dependent rises dramatically with age. While the average length of life has increased, people are often living longer with some very disabling chronic conditions which the present medical system can "manage" but not cure. So while the lives of many people have been prolonged through advances in medicine and public health, the quality of an older person's life often suffers. Aged individuals may become dependent on medical technology and professional care providers for years - not just weeks or months.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.9 There were 210 nursing home sites and 61 home health agencies listed in the MSDH's July 2014 Facilities Directory.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.10 Emergency Medical Services (EMS)- As a primary source of pre-hospital care, Emergency Medical Services (EMS) are an important part of health/medical care in rural communities. Quick access to health care in rural communities can be problematic, particularly given the higher levels of motor vehicle crash deaths, injuries, and fires. The Federal Government, through the Emergency Medical Services Act of 1973, established standards for the organization of emergency services. The Mississippi EMS Act of 1974, and subsequent amendments, authorized the MSDH to create a Bureau of Emergency Medical Services (BEMS). The Act authorized this Bureau to license all ambulance services in Mississippi, to require specific equipment and standards for emergency vehicles, to provide training and certification of emergency medical technicians (EMTs) and Medical First Responders, and to assist with the creation and the provision of technical assistance.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.11 The training of emergency medical personnel includes ambulance operators and emergency medical technicians (EMTs) of both advanced and basic levels. Mississippi requires all ambulance drivers to have EMS driver certification (EMS-D). To qualify, an individual must complete an approved driver training program that involves driving tasks, vehicle dynamics, vehicle preventative maintenance, driver perception, night driving, and information on different driving maneuvers. This training offers both academic and clinical (practical hands on) experiences for the prospective ambulance driver. Additionally, all emergency medical technicians – both advanced level and basic level – must complete a National Highway Safety and Traffic Administration training program for the respective level. This training provides extensive academic and clinical hours for the prospective students. Upon completion, students must pass the National Registry for Emergency Medical Technicians test and receive their national certification before applying for the Mississippi certification.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.12 With the passage of legislation during the 1991 Mississippi Legislative Session, the MSDH was designated as the lead agency to develop a trauma care plan for the state. The primary goal of the Mississippi Trauma System Care Program is to

provide the architecture for a trauma system which will decrease morbidity and mortality from traumatic injury.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.13 Trauma Centers in the Mississippi Trauma System care for a variety of injured patients. These patients are provided immediate resuscitation and stabilization, and definitive acute care. The centers strive to give excellent trauma care to these patients. The Trauma Centers along with the Trauma Regions are dedicated to trauma care, teaching and injury prevention in an effort to decrease death and disabilities. There are rules and regulations mandated by the Mississippi State Department of Health, Bureau of Emergency Medical Services with which compliance is necessary to be a designated Trauma Center. These rules and regulations are examined at a frequent basis as to their compliance.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.14 Trauma patients are cared for at these Trauma Centers regardless of that patient's financial status. The multi-disciplinary approach follows the patient throughout the continuum of care from pre-hospital to rehabilitation. As of August 1, 2013, there were 83 hospitals participating in the Mississippi Trauma Care System: four Level I Trauma Centers, four Level II Trauma Centers, 15 Level III Trauma Centers, 60 Level IV Trauma Centers and one Burn Center. Fifty-eight ground and 17 air EMS providers service the 82 counties in Mississippi.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.4.15 Mental Health- The Mississippi Department of Mental Health (MDMH) administers programs for Mississippians with mental illness, substance abuse problems and intellectual/developmental disabilities. The agency provides a network of services through three major components: state-operated programs; regional community mental health/mental retardation centers; and nonprofit service agencies/organizations. The state-operated programs include four state comprehensive behavioral health programs, five IDD regional programs, a mental health community living program, and two specialized programs for adolescents. These programs serve designated counties or service areas in the State and provide inpatient psychiatric, chemical dependence, forensic, limited medical/surgical hospital services, community mental health services, intermediate care program services for persons with intellectual and developmental disabilities, and a range of community services for persons with developmental disabilities. Nursing facility services are provided on the grounds of two of the state's comprehensive psychiatric facilities. There are 15 regional centers with governing authorities that are considered regional and not state-level entities. The Department of Mental Health certifies, monitors, and assists the

centers and provides contracts to provide community-based mental health and substance abuse services. Programs provided through the nonprofit agencies include community-based alcohol/drug abuse services, community services for persons with developmental disabilities and community services for children with mental illness or emotional problems.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 5. HEALTH WORKFORCE

Rule 1.5.1 Essential health service delivery requires an adequate supply and appropriate distribution of fully qualified physicians, nurses, and other health care personnel. High quality health care services depend on the availability of competent health care personnel in sufficient numbers to meet the population's needs. Although the state has improved its population-to-physician ratio in recent years, not all physicians are available to the general population. Only 41% of physicians are primary care providers the remaining are specialist or other and tend to treat patients only by referral. Some physicians occupy administrative or teaching positions and treat patients only part-time, if at all.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.5.2 According to the United States Department of Health and Human Services' website on December 31, 2014, Mississippi had 140 primary care HPSAs, 125 dental HPSAS, and 13 mental health catchment areas designated as HPSAs. Seventy-four of the primary care HPSA designations were single county designations and seventy-seven of the dental HPSA designations were single county designations.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.5.3 Physicians- The MSDH State Health Plan is reporting that Mississippi had 5,499 active medical doctors, 350 osteopaths, and 67 podiatrists licensed by the Board of Medical Licensure for FY 2012 (licensing year 2013) for a total of 5,916 active licensed physicians practicing in the state. This number represents an increase of 99 physicians, or more than 1.02 percent, from FY 2011 (licensing year 2013). Approximately 2,267 (41 percent) of the state's active medical doctors are primary care physicians. The primary care physicians included 765 family practitioners, 88 general practitioners, 681 internal medicine physicians, 327 obstetrical and gynecological physicians, and 406 pediatricians.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.5.4 Dentists- The Mississippi State Board of Dental Examiners reported 1,051 licensed (1,025 “active” and 26 “inactive”) dentists in the state as of June 2013, with 54 new dentists licensed during calendar year 2012.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.5.5 Nursing- The Mississippi Board of Nursing reported 43,103 registered nurses (RNs) licensed in FY 2012 with 86 percent (35,266) who worked full or part-time in nursing careers. That included 20,433 (59 percent) in hospitals; 3,598 (10 percent) in community, public, or home health; 2,499 (7 percent) in physicians’ offices; 1,896 (5 percent) in nursing homes; and the remainder in other nursing careers. RNs by degree in FY 2012 included, 1,378 diploma, 18,102 associates, 1,300 baccalaureate non-nursing, 9,961 baccalaureate nursing, 684 masters non-nursing, 3,549 masters nursing, and 293 doctorate degrees.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.5.6 Emergency Medical Services (EMS)- Emergency Medical Services (EMS) are health care services delivered under emergency conditions that occur as a result of a patient’s condition, natural disasters, or other situations. EMS are provided by public, private, or non-profit entities with the authority and the resources to effectively administer services.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.5.7 Many people with greatly diverse backgrounds and talents contribute to the EMS System in Mississippi. These include: bystanders, firefighters, law enforcement officers, emergency medical dispatchers, medical first responders, emergency medical technicians, nurses, physicians, and volunteers. The Legislature authorized the MSDH Bureau of Emergency Medical Services (BEMS) to certify Mississippi’s medical first responders beginning July 1, 2004. There are five levels of certified EMS providers. They are as follows:

a. Medical First Responder
b. Emergency Medical Services – Driver
c. Emergency Medical Technician – Basic (EMT-Basic)
d. Emergency Medical Technician – Intermediate (EMT Intermediate)
e. Emergency Medical Technician – Paramedic (EMT-Paramedics)

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.5.8 For FY 2012, the MSDH Bureau of Emergency Medical Services reported a total of 1,906 EMT Basics certified in the state; 1,599 EMT Paramedics; and 24 EMT intermediates.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 6. MISSISSIPPI RURAL HOSPITAL FLEXIBILITY PROGRAM AND CRITICAL ACCESS HOSPITALS

Rule 1.6.1 Mississippi Rural Hospital Flexibility Program- The Medicare Rural Hospital Flexibility Program (FLEX) is a federal initiative that provides funding to state governments to strengthen rural health. The purpose of the FLEX Program is to help sustain the rural healthcare infrastructure, with critical access hospitals (CAHs) as the hub of an organized system of care, through mechanisms of the program. These mechanisms include the FLEX State Rural Health Plan (SRHP), CAHs, Networks, Quality Improvement, and EMS initiatives. The Mississippi Office of Rural Health at the MSDH administers the Medicare Rural Hospital Flexibility Program for the state of Mississippi. The FLEX Program includes designating hospitals as CAHs in the state and providing assistance to the facilities.

Rule 1.6.2 The 1998 session of the Mississippi Legislature authorized the MSDH to develop regulations for the designation of CAHs in the state.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.6.3 Critical Access Hospitals- CAHs are acute care facilities that provide outpatient, emergency, and limited inpatient services and are for cost based Medicare reimbursement. Currently, Mississippi has 32 hospitals designated as CAHs. Additional requirements for CAHs include being located in a rural area, operating a maximum of 25 acute care beds, having an average inpatient stay of 96 hours, having a referral network agreement, and providing emergency care 24 hours a day. CAHs can also participate in swing bed programs.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.6.4 Mississippi's Critical Access Hospital Information- Table 2 provides utilization and other information for Mississippi CAHs obtained from the calendar year 2013 MSDH Annual Survey of Hospital reports.

TABLE 2	
County Owned	65%
Corporate Ownership (not-for-profit)	24%
City and County Owned	3%

For Profit	8%
Part of Health System	28%
Full-Time Employees	3,286
Part-Time Employees	1,080
Workers on Contract	162
RNs	825
LPNs	345
Ancillary Personnel	420
ER Visits	152,016
Non-RHC Clinic Visits	138,644
Average Daily Census	160.32
Admissions	12,732
Inpatient Days	59,359
Swing-bed Days	51,938
RHC Visits	245,705

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 7. CRITICAL ACCESS HOSPITAL DESIGNATION

Rule 1.7.1 The designation process for achieving CAHs status involves two steps: 1) submission of a satisfactory CAH Application (application discussed in part F of this section) to the CAH Certification Application Review Committee; and 2) successful completion of a CAH survey by the Division of Licensure and Certification of the MSDH. The CAH Certification Application Review Committee is discussed in part G of this section.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.7.2 To satisfy state requirements for designation as a CAH, a hospital must meet all federal requirements for designation including successful completion of the survey by the Division of Licensure and Certification.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.7.3 Federal requirements for CAHs are listed below:

1. Located in a state that has established a Medicare Rural Hospital Flexibility Program with the Centers for Medicare and Medicaid Services (CMS).

2. Currently participating in Medicare as a rural public, non-profit or for-profit hospital; or was a participating hospital that ceased operation during the 10-year period from November 29, 1989, to November 29, 1999; or is a health clinic or health center that was downsized from a hospital.

3. Located in a rural area or area treated as rural.

4. Located more than a 35-mile drive from any other hospital or CAH (in mountainous terrain or in areas with only secondary roads available, the mileage criterion is 15 miles).

5. Maintains no more than 25 inpatient beds.

6. Maintains an annual average length of stay of 96 hours per patient for acute inpatient care.

7. Complies with all CAH Conditions of Participation, including the requirement to make available 24-hour emergency care services seven days per week.

8. Staff must be sufficient to provide the services essential to the operation of the CAH (e.g., emergency services, direct services, and nursing services).

9. The CAH must have a professional health care staff that includes one or more doctors of medicine or osteopathy, and may include one or more physician assistants, nurse practitioners, or clinical nurse specialists.

10. A registered nurse, clinical nurse specialist, or licensed practical nurse is on duty whenever the CAH has one or more inpatients.

11. Inpatient and emergency care, laboratory and x-ray services are required. Some ancillary services (lab, radiology) may be provided part-time off-site.

12. Emergency services are required 24 hours a day, seven days a week. Staff in the emergency room must have emergency services training/experience.

13. A system must be in place with the local emergency medical system so that emergency medical personnel are aware of who is on call and how to contact them.

14. A doctor of medicine or osteopathy must be available by phone or radio 24 hours a day, seven days a week.

15. Facilities must have an agreement with at least one hospital that is a member of the network for:

    a. Patient referral and transfer

b. The development and use of communications systems

c. The provision of emergency and non-emergency transportation

d. Credentialing and quality assurance

16. CAH applicants must meet all additional CAH Conditions of Participation as established by CMS. Compliance with the CMS CAH Conditions of Participation is determined by the survey conducted by the Division of Licensure and Certification of the MSDH.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 8: STATE CRITERIA FOR NECESSARY PROVIDER PROVISION

Rule 1.8.1 A hospital that does not meet the federal mileage requirements to be certified as a CAH and is otherwise eligible for designation will be certified by the state as a necessary provider of health care services if it meets two (2) or more of the following criteria:

1. Criteria 1: The hospital is located in a county that is federally designated as a HPSA for medical care.

2. Criteria 2: The hospital is located in a county that is federally designated as a Medically Underserved Area (MUA).

3. Criteria 3: The hospital is located in a county where the percentage of families with incomes less than 100% of the federal poverty level is higher than the state average for families with incomes less than 100% of poverty.

4. Criteria 4: The hospital is in a county with an unemployment rate that exceeds the state's average unemployment rate.

5. Criteria 5: The hospital is located in a county with a percentage of population age 65 and older that exceeds the state's average.

6. Criteria 6: The number of Medicare admissions to the hospital exceeds 50% of the facility's total number of admissions as reported in the most recent Hospital Annual Report for the facility.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.8.2 Any hospital not meeting two (2) of the above criteria may appeal the decision to the MSDH, Office of Health Policy and Planning. Appeals must be submitted in writing and will only be considered if the appeal provides sound evidence that

future access to health care for the citizens in the facility's primary service area, as defined by the most recent patient origin study, will be jeopardized if it is not declared a necessary provider of health care services.

SOURCE: Miss. Code Ann. § 41-3-15

Rule 1.8.3 Facilities that meet the Necessary Provider Provision criteria are still required to complete the designation application process which includes: 1) submission of a satisfactory CAH Application to the Critical Access Hospital Certification Application Review Committee; and 2) successful completion of a CAH survey by the Division of Licensure and Certification of the MSDH.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 9. CRITICAL ACCESS HOSPITAL DESIGNATION APPLICATION

Rule 1.9.1 The CAH Designation Application will include the following information:

1. A community needs assessment which includes an inventory of local health services and providers.

2. Evidence of information activities to inform county and community residents, public officials, and health care providers of the proposed conversion of the hospital to CAH designation.

3. A financial feasibility study which will include:

    a. Audited financial statements and notes for the three most recently completed years;

    b. Adult and pediatric admissions, adult and pediatric patient days, deliveries, and inpatient surgeries;

    c. Outpatient and emergency room utilization data;

    d. An inventory of medical staff by name, age, and medical specialty;

    e. A three year CAH cost and revenue projection;

    f. A signed network agreement with a full service hospital detailing the facility relationships including:
        i. patient referral and transfer;
        ii. communications systems;
        iii. provision of emergency and non-emergency transportation;

iv. arrangements for credentialing and quality assurance; and
v. other information and data which the Review Committee may determine is needed in order to make an appropriate recommendation.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 10. CRITICAL ACCESS HOSPITAL CERTIFICATION APPLICATION REVIEW COMMITTEE

Rule 1.10.1 A CAH Certification Application Review Committee will be established by the MSDH to review CAH applications and make recommendations to the State Health Officer regarding designation. The committee membership will be comprised of one representative from the Mississippi Office of Rural Health (MORH) located within the MSDH, one representative from the MSDH Division of Licensure and Certification, one representative from the Mississippi Hospital Association, and two hospital representatives appointed by the Mississippi Hospital Association. The State Health Officer may appoint representatives of additional groups to the committee.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 11. CRITICAL ACCESS HOSPITAL RELOCATION REQUIREMENTS

Rule 1.11.1 Information regarding the guidelines for 42 CFR 485.610(c), concerning CAH location relative to other hospitals or CAHs, and 42 CFR 485.610(d), concerning relocation of CAHs with a necessary provider designation, is available at the CMS Web site. This site will also provide information about eligibility for the shorter, 15-mile standard due to mountainous terrain or lack of primary roads.

SOURCE: Miss. Code Ann. § 41-3-15

Subchapter 12. LIST OF MISSISSIPPI CRITICAL ACCESS HOSPITALS

Rule 1.12.1 A current list of Mississippi CAHs is available on the MSDH website.

SOURCE: Miss. Code Ann. § 41-3-15