

## **Title 15 - Mississippi Department of Health**

### **Part IX – Office of Health Policy and Planning**

#### **Subpart 91 – Planning & Resource Development**

##### **CHAPTER 01 POLICIES, PROCEDURES AND DEFINITIONS**

###### **100 General Statement of Public Policy**

100.01 Section 41-7-171 et seq., Mississippi Code of 1972 Annotated, as amended, established the Mississippi Department of Health (Department) as the sole and official agency of the State of Mississippi to administer and supervise all state health planning and development responsibilities of the State of Mississippi.

The intention of health planning and health regulatory activities is to improve the health of Mississippi residents; increase the accessibility, acceptability, continuity and quality of health services; prevent unnecessary duplication of health resources; and provide some cost containment.

No person may undertake any of the activities described in Section 41-7-191 (1) without obtaining a Certificate of Need (CON) from the Department. No final arrangement or commitment for financing such activity may be made by any person except that a CON for such arrangement or commitment has been issued. Of those new institutional health services and other proposals which require a CON, only those which are determined by the Department to be needed may be granted a CON, and only those proposals granted a CON may be developed or offered within the State of Mississippi.

Only the Department, acting in response to an application for a certificate of need, or in response to a decision of a court of competent jurisdiction, may cause a CON to be issued, denied, or withdrawn or may determine that CON review is not required. In carrying out these responsibilities, the Department shall make decisions to issue or withdraw a CON by conducting the review of each application in accordance with the adopted procedures, standards, or criteria.

No CON shall be issued unless the action proposed in the application for such Certificate has been reviewed for consistency with the specifications and criteria established by the Department and substantially complies with the projection of need as reported in the State Health Plan which is in effect at the time the application is received by the Department.

The intent of the Department is that CON applications be disapproved if the applicant fails to provide or confirm that the applicant shall provide a reasonable amount of indigent care or has admission policies which deny access to care by indigent patients.

Also, the intent of the Department is that a CON application be disapproved if approval of the request would have significant adverse effect on the ability of an existing facility or service to provide Medicaid/indigent care.

The State Health Officer shall determine whether the amount of care provided or to be offered is "reasonable." The opinion of the Department is that a reasonable amount of indigent care is an amount which is comparable to the amount of such care offered by other providers of the requested service within the same, or proximate, geographic area.

The Department shall adopt and revise as necessary criteria and review procedures for CON applications. Before review of new institutional health services or other proposals requiring a CON, the Department shall disseminate to all health care facilities and health maintenance organizations within the State and shall publish in The Clarion-Ledger (Jackson, Mississippi) and other newspapers deemed appropriate a description of the scope of coverage of the State Department of Health's Certificate of Need Program. Whenever the scope of such coverage is revised, the State Department of Health shall disseminate and publish a revised description in like manner.

Certificates of Need shall be issued by the State Department of Health based upon those criteria and standards established and lawfully adopted. Appropriate mechanisms for providing affected persons an opportunity for a formal hearing on matters to be considered by the State Department of Health have been developed. No CON shall be granted or denied until affected parties have been accorded such right to a formal hearing.

A CON is not transferable from one person or entity to another except with the approval of the Department. A CON shall be valid for a designated period of not more than one year from the effective date. The Department may extend the CON for a period not to exceed six months in those cases where the applicant shows to the satisfaction of the State Department of Health that a good faith effort has been made toward completion of the project.

All approved projects will be monitored by staff of the Department to assure compliance with stated policies, standards (including Life Safety, Construction, and Licensure), and approved costs.

Recipients of Certificates of Need are required to make written progress reports of their projects at least every six months and at completion.

**NOTE:** If any section, chapter, articles, paragraph, sentence, clause, phrase, rule or regulation, or any other part or portion of this State Certificate of Need Review Manual is declared by proper authority to be invalid or of no effect, the remainder hereof shall be in no manner affected thereby but shall remain in full force and effect.

Whenever or wherever the occasion may arise to present conflict between this State Certificate of Need Review Manual and legislative statutes, the legislative statutes shall prevail.

## 101 **Applications Not Acceptable for Certificate of Need Review**

101.01 An application for a CON shall not be accepted from the same person for a proposal in a health planning area from which a previously submitted application for like or similar service or equipment, as determined by the Department, has been disapproved unless one or more of the following conditions exist:

1. A substantial change has occurred in existing or proposed health services of the type proposed by the applicant.
2. A substantial change has occurred in the need for the health service proposed by the applicant.
3. At least one year has elapsed from the date of the finding that resulted in disapproval of the previous application.

A substantial change in existing or proposed services or facilities shall mean the closure of the facility or service, or revocation of a CON, for that facility or service which, when taken into account, will result in an actual need for a facility or service. "Actual need" means need as reflected by the appropriate plans, standards, or criteria as reflected in the most recent or current version of the State Health Plan.

A substantial change in the need for the facility or service shall mean an amendment, correction, or replacement of a standard, criterion, or plan of the Department, which when taken into account, will result in an actual need for the type of service or facility proposed.

## 102 **Procedures for Adoption and Revision of Certificate of Need Review Procedures and/or Review Criteria**

102.01 The Mississippi Department of Health shall comply with the State of Mississippi Administrative Procedures Act in the event CON criteria and review procedures require revision or amendment.

Before review of new institutional health services or other proposals requiring a CON, the Department shall disseminate to all health care facilities and health maintenance organizations within the State and shall publish in The Clarion-Ledger (Jackson, Mississippi) and other newspapers as deemed appropriate a description of the scope of coverage of the Department's CON Program. Whenever the scope of such coverage is revised, the Department shall disseminate and publish a revised description in like manner.

Any person who is aggrieved by a proposed adoption or revision of review procedures or criteria shall submit in writing to the Department any objections to the proposed change or need for clarification.

A request for objection or clarification must be submitted to the Department of Health within 30 calendar days after the Department has filed with the Office of the Secretary of State the proposed rule or rules.

### 103 **Rules and Procedures for Conducting Meetings and Hearings**

103.01 The Department shall conduct all meetings and hearings according to the provisions of its adopted rules and procedures.

If the Department rules and procedures are silent on any question, then the rules and procedures as stated in Robert's Rules of Order, Newly Revised (1990 Edition) and the latest version of the Mississippi Rules of Civil Procedure may be utilized.

In the event of conflict between the adopted rules and procedures of the Department and those outlined in Robert's Rules of Order or the Mississippi Rules of Civil Procedure, the rules and procedures adopted by the Department shall prevail.

### 104 **Notice of Meeting**

104.01 All CON meetings of the Department shall be open to the public. The public shall be notified of meetings of the Department by legal publication in The Clarion-Ledger (Jackson, Mississippi) and through other public information channels not less than 10 calendar days before such meetings are held. Public participation is encouraged.

Proof of publication of all hearings in accordance with the above paragraph shall be maintained in the Department's files.

The hearings shall be held in public in a facility of adequate space to accommodate all persons, including the public, reasonably expected to attend and shall be conducted according to the provisions of Section 25-41-1 et seq., Mississippi Code of 1972 Annotated, as amended.

Interested persons are welcome to attend CON review meetings of the Department and, at the discretion of the State Health Officer, may be allowed to address the Department on any item that is under consideration.

## 105 **Agenda**

105.01 The agenda for all business meetings and hearings shall be made available to the State Health Officer in advance. Copies of the agenda will be available to the public at the place of assembly and to applicants 10 days before the meeting or hearing.

## 106 **Quarterly and Expedited Review**

106.01 All applications subject to CON requirements will be reviewed utilizing the review schedule as adopted. If an application qualifies for an expedited review, the Department will attempt to render a decision within 90 days from the date of completeness.

The intent of the Department is to hold any approved public hearing regarding any proposal under review no later than 90 days after the publication of the staff analysis on said project to permit the decision on the proposal under review to be rendered by the State Health Officer approximately 120 days after the publication of a staff analysis on the project. Further, the intent of the Department is that approved hearings on expedited proposals be held in a manner such that the Department can, whenever possible, render a decision regarding the proposal under review within 90 days after the application is deemed complete.

## 107 **Consideration of Proposals - Decision**

107.01 The State Health Officer shall consider the Department's staff analysis on each proposal before making a decision. Such analysis shall be based on the proposal's consistency with the specifications and criteria established by the Department and its substantial compliance with the projection of need as reported in the State Health Plan in effect at the time the application for the proposal was submitted.

The applicant, the applicant's spokesperson, affected persons, or other interested persons do not have to be present when the State Health Officer announces his decision.

The decision of the State Health Officer shall be based on one of the following conditions:

1. The proposal is in substantial compliance with the required findings that are necessary for approval.
2. The proposal is not in substantial compliance with the necessary required findings for approval.
3. The proposal, with certain stipulated revisions, is in substantial compliance with the necessary findings for approval.

4. Action on the proposal deferred pending additional information or material or until a stipulated certain time for a stated reason.

After reaching a decision regarding a proposal, the State Health Officer shall provide a written notification to the applicant, and others upon request, within 10 days of the announcement of his decision.

## 108 **Policy Regarding Public Access to Records and Data**

108.01 The Department holds available for public inspection and copying those records made or received by the Department in connection with the performance of the Department's functions under its designation as the State Health Planning and Development Agency (SHPDA).

The following items are available:

1. The State Health Plan.
2. Contents of the files pertaining to Certificate of Need (CON) applications.
3. Published reports of the Health Planning and Resource Development Division.
4. Selected statistical data regarding health facilities utilization and health manpower.

## 109 **Procedures**

109.01 Requests for copies of the State Health Plan or other published reports may be made by telephone, by written request, or in person to the Health Planning and Resource Development Division.

Requests to review individual CON files must be made in writing.

Requests for information contained in the CON application files must be made in writing and must state specifically what information is desired. Because of staff time, no open-ended requests will be honored. All requests for information contained in the CON files must stand alone.

Requests for statistical data must be made in writing and should describe the specific items requested as to nature of data, time frame requested, and whether statewide or specified counties.

## 110 **Processing of Requests**

110.01 Requests for published reports will be filled no later than five work days following the receipt of such request.

Requests for information contained in CON files will be filled not later than five work days following the receipt of the request if the material requested is 50 pages or less. If the requested material exceeds 50 pages, the request will be filled not later than 10 work days following the receipt of such requests.

These time schedules represent projected maximum times. The Division intends to fill all requests as promptly as possible.

Requests for specific statistical data will be processed in an expeditious manner, but no time guarantees can be made due to the availability of database programmers and staff's work priorities.

## 111 **Index of Records**

111.01 The index of CON files is maintained in the Health Planning and Resource Development Division of the Department.

## 112 **Fees**

112.01 Standard fees per copy are established for published reports. These fees have been calculated to cover the cost of paper, printing, binding and handling charges for each document. The price list for published reports and statistical data requests is available from the Health Planning and Resource Development Division.

For information contained in the files of the Division, a fee of \$.25 per page is charged to cover the cost of copying and handling. A minimum fee of \$5 is charged.

Records are transferred to the Mississippi Department of Archives and History after three years, or upon completion of the project. A minimum fee of \$15 is charged to retrieve files from the Mississippi Department of Archives and History. This fee is assessed in addition to any other applicable charge listed above.

Advance payment is required for any information received from the Division of Health Planning and Resource Development.

## 113 **Definition of Terms**

113.01 **Affected Person** means:

1. the applicant;

2. a person residing within the geographic area served or to be served by the applicant's proposal;
3. a person who regularly uses health care facilities or Health Maintenance Organizations (HMO) located in the geographic area of the proposal which provide similar service to that which is proposed;
4. health care facilities and HMOs which, before receipt of the application under review, formally indicated an intention to provide services similar to that of the proposal being considered at a future date;
5. third party payors who reimburse health care facilities located in the geographical area of the proposal;
6. any agency that establishes rates for health care services or HMOs located in the geographic area of the proposal.

113.02 **Aggrieved Party** includes the Mississippi Department of Health, the applicant, and any person who actively participated in the proceedings before the Mississippi Department of Health. Active participation in the proceedings includes requesting a hearing during the course of review, and the timely filing of written comments which completely and formally set out objections to the application and the reasons for those objections.

113.03 **Applicant** means an individual, a partnership, a corporation (including associations, joint stock companies and insurance companies), a state or political subdivision or instrumentality (including a municipal corporation) of a state.

113.04 **Bed Capacity** means the number of beds by licensure category within the facility as determined by the Department's Health Facilities Licensure and Certification Division.

113.05 **By or On Behalf Of** means a capital expenditure by a health care facility which meets a review threshold, or a capital expenditure by another entity which will result in a direct or indirect benefit to a health care facility, including capital expenditures by parent corporations for the benefit of their health facility holdings and guarantor arrangements on loans and/or leases.

A capital expenditure "by or on behalf of a health care facility" includes but is not limited to the following:

1. Medical office building (MOB) or other structure is constructed on land adjacent to a health care facility;
2. Land is leased from a health care facility for the construction of a MOB or other structure to benefit the health care facility;



3. The health care facility has an option to purchase the MOB or other structure;
4. The health care facility maintains the authority to approve tenants of the MOB or other structure; and/or
5. The health care facility retains the option to assume control of the MOB or other structure and collect rent.

**113.06 Capital Expenditure:**

1. When pertaining to defined major medical equipment, shall mean an expenditure which, under generally accepted accounting principles consistently applied, is not properly chargeable as an expense of operation and maintenance and which exceeds one million five hundred thousand dollars (\$1,500,000).
2. When pertaining to other than major medical equipment, shall mean any expenditure which, under generally accepted accounting principles consistently applied, is not properly chargeable as an expense of operation and maintenance and which exceeds two million dollars (\$2,000,000).
3. Shall include the acquisition, whether by lease, sufferance, gift, devise, legacy, settlement of a trust or other means, of any facility or part thereof, or equipment for a facility, the expenditure for which would have been considered a capital expenditure if acquired by purchase. Transactions which are separated in time but are planned to be undertaken within 12 months of each other and are components of an overall plan for meeting patient care objectives shall, for purposes of this definition, be viewed in their entirety without regard to their timing.
4. In those instances where a health care facility or other provider of health services proposes to provide a service in which the capital expenditure for major medical equipment or other than major medical equipment or a combination of the two may have been split between separate parties, the total capital expenditure required to provide the proposed service shall be considered in determining the necessity of CON review and in determining the appropriate CON review fee to be paid. The capital expenditure associated with facilities and equipment to provide services in Mississippi shall be considered regardless of where the capital expenditure was made, in state or out of state, and regardless of the domicile of the party making the capital expenditure, in state or out of state.

**113.07 Capital Lease** means a lease which meets one or more of the following conditions:

1. Title is transferred to the lessee by the end of the lease term.

2. The lease contains a bargain purchase option at less than the fair value at the time of the option.
3. The lease term is at least 75 percent of the leased property's estimated economic life.
4. The present value of the minimum lease payments is 90 percent or more of the fair value of the leased property.

Operating Leases do not meet any of the four criteria listed above.

- 113.08 **Certificate of Need** means a written order by the Department setting forth the affirmative finding that a proposal in prescribed application form sufficiently satisfies the plans, standards, and criteria prescribed for such service or other project by Sections 41-7-171 et seq., Mississippi Code of 1972 Annotated, as amended, and by rules and regulations promulgated thereunder by the Department.
- 113.09 **Change of Ownership** includes, but is not limited to, inter vivos gifts, purchases, transfers, lease arrangements, cash and/or stock transactions or other comparable arrangements whenever another person or entity (not the current owner) acquires or controls the majority interest of the facility or service. Changes of ownership from partnerships, single proprietorships, or corporations to another form of ownership are specifically included, provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. (See Appendix 2 for further clarification).
- 113.10 **Change in Project Scope** is defined as any substantive change, as determined by the State Department of Health, in plans to construct or renovate a health care facility, in number of beds or services to be offered within the facility, or in capital expenditure authorized by the approved CON.
- 113.11 **Construction** means the erection, building, or substantial alteration, reconstruction, improvement, renovation, extension, or modification of a health care facility and the studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.
- 113.12 **Commencement of Construction** means that all of the following have been completed with respect to a proposal or project proposing construction, renovation, remodeling, or alteration.
1. A legally binding written contract has been executed and consummated by the proponent and a lawfully licensed contractor to construct and/or complete the intent of the proposal within a specified period of time in accordance with final architectural plans which have been approved by the licensing authority of the Department;

2. Any and all permits and/or approvals deemed lawfully necessary by all authorities with responsibility for such have been secured;
3. Actual bona fide undertaking of the subject proposal has commenced, and a progress payment of at least one percent of the total cost of the contract has been paid to the contractor by the proponent; and
4. Requirements of this paragraph have been met and certified in writing by the Department.

Force account expenditures, such as deposits, securities, bonds, et cetera, may, in the discretion of the Department, be excluded from any or all of the provisions of defined commencement of construction.

- 113.13 **Consumer** means an individual who is not a provider of health care or representative of a provider of health care services or who has no financial or indirect interest in any provider of services.
- 113.14 **Declaratory Ruling** means a written determination of the Department setting forth the Department's decision as to the Reviewability of a proposal pending before it, pursuant to Section 41-7-171 et seq.
- 113.15 **Develop**, when used in connection with health services, means to undertake those activities which, on their completion, will result in the offering of a new institutional health service or the incurring of a financial obligation as defined under applicable state law in relation to the offering of such services.
- 113.16 **Health Care Facility** includes hospitals, long term care hospitals, psychiatric hospitals, chemical dependency hospitals, comprehensive medical rehabilitation facilities, skilled nursing facilities, intermediate care facilities, intermediate care facilities for the mentally retarded, psychiatric residential treatment facilities, pediatric skilled nursing facilities, end stage renal disease facilities (including freestanding hemodialysis units), ambulatory surgical facilities, and/or home health agencies (including facilities owned or operated by the State or political subdivision or instrumentality of the State) but does not include Christian Science sanatoriums operated or licensed and certified by the First Church of Christ, Scientist, Boston, Massachusetts. This definition shall not apply to facilities for the private practice, either independently or by incorporated medical groups, of physicians, dentists, or other health care professionals except where such facilities are an integral part of an institutional health service. The various health care facilities listed in this paragraph shall be defined as follows:
1. **Ambulatory Surgical Facility** means a facility primarily organized or established for the purpose of performing surgery for outpatients and is a separate identifiable legal entity from any other health care facility. Such term does not include the offices of private physicians or dentists, whether for individual or group practice.

2. **Chemical Dependency Hospital** means an institution which is primarily engaged in providing to inpatients, by or under the supervision of a physician, medical and related services for the diagnosis and treatment of chemical dependency such as alcohol and drug abuse.
3. **Comprehensive Medical Rehabilitation Facility** means a hospital or a hospital unit that is licensed and/or certified as a comprehensive medical rehabilitation facility which provides specialized programs that are accredited by the Commission on Accreditation of Rehabilitation Facilities and supervised by a physician Board-certified or Board-eligible in psychiatry or other doctor of medicine or osteopathy with at least two years of training in the medical direction of a comprehensive rehabilitation program that:
  - a. Includes evaluation and treatment of individuals with physical disabilities;
  - b. Emphasizes education and training of individuals with disabilities;
  - c. Incorporates at least the following core disciplines:
    - i. Physical Therapy
    - ii. Occupational Therapy
    - iii. Speech and Language Therapy
    - iv. Rehabilitation Nursing; and
  - d. Incorporates at least three of the following disciplines:
    - i. Psychology
    - ii. Audiology
    - iii. Respiratory Therapy
    - iv. Therapeutic Recreation
    - v. Orthotics
    - vi. Prosthetics
    - vii. Special Education
    - viii. Vocational Rehabilitation
    - ix. Psychotherapy

- x. Social Work
- xi. Rehabilitation Engineering

These specialized programs include, but are not limited to, spinal cord injury programs, head injury programs, and infant and early childhood development programs.

4. **End Stage Renal Disease (ESRD) Facilities** means kidney dialysis centers, which includes freestanding hemodialysis units and limited care facilities. The term "limited care facility" generally refers to an off-hospital-premises facility, regardless of whether it is provider or non-provider operated, which is engaged primarily in furnishing maintenance hemodialysis services to stabilized patients.
5. **Hospital** means an institution which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis; treatment and care of injured, disabled, or sick persons; or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. Such term does not include psychiatric hospitals.
6. **Home Health Agency** means a public or privately owned agency or organization, or a subdivision of such an agency or organization, properly authorized to conduct business in Mississippi, which is primarily engaged in providing to individuals at the written direction of a licensed physician, in the individual's place of residence, skilled nursing services provided by or under the supervision of a registered nurse licensed to practice in Mississippi, and one or more of the following services or items:
  - a. Physical, occupational, or speech therapy;
  - b. Medical social services;
  - c. Part-time or intermittent services of a home health aide;
  - d. Other services as approved by the licensing agency for home health agencies;
  - e. Medical supplies, other than drugs and biological, and the use of medical appliances; or
  - f. Medical services provided by an intern or resident-in-training at a hospital under a teaching program of such hospital.

Further, all skilled nursing services and those services listed in items 1 through 4 of this paragraph (f) must be provided directly by the licensed home health agency. For purposes of this subparagraph,

"directly" means either through an agency employee or by an arrangement with another individual not defined as a health care facility. This paragraph shall not apply to health care facilities which had contracts for the above services with a home health agency on January 1, 1990.

7. **Intermediate Care Facility** means an institution which provides, on a regular basis, health related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who, because of their mental or physical condition, require health related care and services (above the level of room and board).

NOTE: Under federal guidelines, nursing facilities are no longer licensed as intermediate care facilities. Effective October 1, 1990, nursing facilities are classified, based on reimbursement levels, as nursing facilities or skilled nursing facilities (see skilled nursing facility).

8. **Intermediate Care Facility for the Mentally Retarded** means an intermediate care facility that provides health or rehabilitative services in a planned program of activities to the mentally retarded, also including but not limited to cerebral palsy and other conditions by the Federal Developmentally Disabled Assistance and Bill of Rights Act, Public Law 94-103.
9. **Long-Term Care Hospital** means a freestanding, Medicare-certified hospital that has an average length of inpatient stay greater than 25 days, which is primarily engaged in providing chronic or long term medical care to patients who do not require more than three hours of rehabilitation or comprehensive rehabilitation per day, and has a transfer agreement with an acute care medical center and a comprehensive medical rehabilitation facility. Long term care hospitals shall not use rehabilitation, comprehensive medical rehabilitation, medical rehabilitation, sub-acute rehabilitation, nursing home, skilled nursing facility, or sub-acute care facility in association with its name.
10. **Pediatric Skilled Nursing Facility** means an institution or a distinct part of an institution that is primarily engaged in providing to inpatients skilled nursing care and related services for persons under 21 years of age who require medical or nursing care or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
11. **Psychiatric Hospital** means an institution which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons.

12. **Psychiatric Residential Treatment Facility** means any nonhospital establishment with permanent licensed facilities which provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists, psychotherapists and licensed certified social workers, for emotionally disturbed children and adolescents referred to such a facility by a court, local school district, or by the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital, and are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
- a. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
  - b. An inability to build or maintain satisfactory relationships with peers and teachers;
  - c. Inappropriate types of behavior or feelings under normal circumstances;
  - d. A general pervasive mood of unhappiness or depression; or
  - e. A tendency to develop physical symptoms or fears associated with personal or school problems. An establishment furnishing primarily domiciliary care is not within this definition.
13. **Rehabilitation Hospital** means a hospital or established and dedicated unit of a general hospital licensed for rehabilitation, which is organized, staffed, and equipped to render services toward the rehabilitation of disabled persons through an integrated program of medical, psychological, social, and vocational evaluation and provision of services over a continuous period exceeding 24 hours. The average length of stay for such beds shall be 30 days or more.
14. **Skilled Nursing Facility (SNF)** means a health institution planned, organized, operated, and maintained to provide facilities and health services with related social care to inpatients who require medical care and 24-hour nursing services for illness, injury, or disability. Each patient shall be under the care of a physician licensed to practice medicine in the State of Mississippi. The nursing services shall be organized and maintained to provide 24-hour nursing services under the direction of a registered professional nurse employed full-time.

- 113.17 **Health Maintenance Organization** or "**HMO**" means a public or private organization which:
1. Provides or otherwise makes available to enrolled participants health care services, including substantially the following basic health care services: usual health care services, hospitalization, laboratory, x-ray, emergency and preventive services, and out-of-area coverage;
  2. Is compensated (except for co-payments) for the provision of the basic health care services listed in subparagraph (a) of this paragraph to enrolled participants on a predetermined basis; and
  3. Provides health care services primarily:
    - a. Directly through physicians who are either employees or partners of such organization; or
    - b. Through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).
- 113.18 **Health Planning Area** means that geographic area specified in the State Health Plan which is determined by population data, patient origin data, and area health facilities offering referral services to the area. Health Planning Areas are used for determining bed need and/or service needs within the state.
- 113.19 **Health Service Area** means a geographic area of the state designated in the State Health Plan as the area to be used in planning for specified health facilities and services and to be used when considering CON applications to provide health facilities and service.
- 113.20 **Health Services** means clinically related (i.e., diagnostic, treatment, or rehabilitative) services and include alcohol, drug abuse, mental health, and home health care services.
- 113.21 **Hospital and/or Health Facility Based** means a health service which is physically located in or legally owned by the hospital or health facility.
- 113.22 **Institutional Health Services** shall mean health services provided in or through health care facilities and shall include the entities in or through which such services are provided.
- 113.23 **Major Medical Equipment** means medical equipment costs in excess of one million five hundred thousand dollars (\$1,500,000). However, this definition shall not be applicable to clinical laboratories if they are determined by the Department to be independent of any physician's office, hospital, or other health facility or otherwise not so defined by federal or state law, or rules and regulations promulgated thereunder.



- 113.24 **Offer** means, when used in connection with health services, that the State Department of Health has determined that the health care facility is capable of providing specified health services.
- 113.25 **Person** means an individual, a trust or estate, partnership, corporation (including associations, joint stock companies, and insurance companies), the State, or political subdivision or instrumentality of the State.
- 113.26 **Provider** means any person who is a provider or representative of a provider of health care services requiring a CON or who has any financial or indirect interest in any provider or services.
- 113.27 **Secretary** means the Secretary of Health and Human Services and any officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.
- 113.28 **Similar Equipment** means pieces of equipment which are similar in function and appearance. For example, a manually operated bed and an electrically operated bed are similar units. A 1,000 power microscope and a 500 power microscope are similar units. A coulter counter and a microscope are not similar units.
- 113.29 **State Health Plan** means the sole and official statewide health plan for Mississippi which identifies priority state health needs and establishes standards and criteria for health related activities which require Certificate of Need review in compliance with Section 41-7-191, Mississippi Code of 1972, as amended.
- 113.30 **State Department of Health** shall mean the state agency created under Section 41-3-15, Mississippi Code of 1972 as amended, which shall be considered to be the State Health Planning and Development Agency, as defined in paragraph (34) of this section.
- 113.31 **State Health Planning and Development Agency** means the agency of state government designated to perform health planning and resource development programs for the State of Mississippi.
- 113.32 **Swing Bed Program** means the interchangeable utilization of hospital beds for the provision of acute or extended care with reimbursement based on the specific level of care provided.

## CHAPTER 2 - SCOPE OF COVERAGE OF THE CON REVIEW PROGRAM

- 100 The State CON program applies to the obligation of capital expenditures, the establishment of new health care facilities, the offering of defined new institutional health services and the acquisition of major medical equipment.

Within these parameters, no person shall engage in any of the following activities without obtaining a CON from the Department:

- 100.01 Any capital expenditure that exceeds the expenditure threshold. This capital expenditure includes the cost of any studies, surveys, designs, plans, working drawings, specification and other activities (including staff efforts and other services) associated with the capital expenditure and includes an acquisition for less than fair market value if the acquisition at fair market value would exceed the expenditure threshold.

A capital expenditure shall include the acquisition, whether by lease, sufferance, gift, devise, legacy, settlement of a trust or other means, of any facility or part thereof, or equipment for a facility, the expenditure for which would have been considered a capital expenditure if acquired by purchase. Transactions which are separated in time but are planned to be undertaken within 12 months of each other and are components of an overall plan for meeting patient care objectives shall, for purposes of this definition, be viewed in their entirety without regard to their timing.

In those instances where a health care facility or other provider of health services proposes to provide a service in which the capital expenditure for major medical equipment or other than major medical equipment or a combination of the two may have been split between separate parties, the total capital expenditure required to provide the proposed service shall be considered in determining the necessity of CON review and in determining the appropriate CON review fee to be paid. The capital expenditure associated with facilities and equipment to provide services in Mississippi shall be considered regardless of where the capital expenditure was made, in state or out of state, and regardless of the domicile of the party making the capital expenditure, in state or out of state.

NOTE: A capital expenditure is considered to be incurred: (a) when a contract enforceable under state law is entered into for the construction, acquisition, lease or financing of the capital asset or (b) when the governing board of a health care facility takes formal action to commit its own funds for a construction project undertaken by personnel of the health care facility (force account expenditure) or (c) in the case of donated property, on the date on which the gift is complete under applicable state law.

- 100.02 The construction, development, or establishment of a new health care facility.
- 100.03 The relocation of a health care facility or portion thereof, or major medical equipment unless such relocation of a healthcare facility or portion thereof, or major medical equipment, which does not involve a capital expenditure by or on behalf of a health care facility, is within one thousand three hundred twenty (1,320) feet from the main entrance of the health care facility.

NOTE: The relocation of a health care facility is defined as the relocation of a health care facility from one physical location or site to another.

A portion of a health care facility is considered to be a wing, unit, service(s), or beds.

The relocation of major medical equipment shall include, but is not limited to, the relocation of major medical equipment from one physical facility to another physical facility.

- 100.04 A change over a period of two years' time, as established by the State Department of Health, in existing bed complement through the addition of more than 10 beds or more than 10 percent of the total bed capacity of a designated licensed category or subcategory of any health care facility, whichever is less, from one physical facility or site to another; the conversion over a period of two years' time, as established by the State Department of Health, of existing bed complement of more than 10 beds or more than 10 percent of the total bed capacity of a designated licensed category or sub-category of any such health care facility, whichever is less; or the alteration, modernizing, or refurbishing of any unit or department wherein such beds may be located. However, effective July 1, 1994, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a CON, under the authority of Section 41-7-191 (1) (c), unless there is a projected need for such beds in the planning district in which the facility is located, as reported in the most current *State Health Plan*.

NOTE: The "10 Bed/10% Rule", once used, cannot be used again until two years lapse from the date the rule is used by a health care facility. The time frame of two years will begin on the effective date of licensure/certification by the Division of Health Facilities Licensure and Certification of beds added under the rule. A 10 bed/10 percent ruling is valid for a period of 12 months.

- 100.05 Offering of the following health services if those services have not been provided on a regular basis by the proposed provider of such services within the period of 12 months before the time such services will be offered:

1. Open heart surgery services;

2. Cardiac catheterization services;
  3. Comprehensive inpatient rehabilitation services;
  4. Licensed psychiatric services;
  5. Licensed chemical dependency services;
  6. Radiation therapy services;
  7. Diagnostic imaging services of an invasive nature, i.e., invasive digital angiography;
  8. Nursing home care as defined in subparagraphs (iv) (skilled nursing facility), (vi) (intermediate care facility), and (vii) (intermediate care facility for the mentally retarded) of Section 41-7-173 (h);
  9. Home health services;
  10. Swing bed services;
  11. Ambulatory surgical services;
  12. Magnetic resonance imaging services;
  13. Extracorporeal shockwave lithotripsy services;
  14. Positron emission tomography services; and
  15. Long term care hospital services.
- 100.06 The relocation of one or more health services from one physical facility or site to another, unless such relocation, which does not involve a capital expenditure by or on behalf of the health care facility, (i) is to a physical facility or site within one thousand three hundred twenty (1,320) feet from the main entrance of the health care facility where the health care service is located, or (ii) is the result of an order of a court of appropriate jurisdiction or a result of pending litigation in such courts, or by order of the State Department of Health, or by order of any other agency of legal entity of the State, the federal government, or any political subdivision of either, whose order is also approved by the Department.
- 100.07 The acquisition or otherwise control of any major medical equipment for the provision of medical services, provided, however, (i) the acquisition of any major medical equipment used only for research purposes and (ii) the acquisition of major medical equipment to replace medical equipment for which a facility is already providing medical services and for which the State Department of Health has been notified before the date of such acquisition shall

be exempt from this paragraph; an acquisition for less than fair market value must be reviewed, if the acquisition at fair market value would be subject to review.

- 100.08 Changes of ownership of existing health care facilities in which a notice of intent is not filed with the State Department of Health at least 30 days before the date such change of ownership occurs, or a change in services or bed capacity as prescribed in paragraphs (4) and (5) as a result of the change of ownership; an acquisition for less than fair market value must be reviewed if the acquisition at fair market value would be subject to review.
- 100.09 The change of ownership of any skilled nursing facility, intermediate care facility, or intermediate care facility for the mentally retarded in which a notice of intent as described in paragraph (8) has not been filed and if the Executive Director, Division of Medicaid, Office of the Governor, has not certified in writing that there will be no increase in allowable costs to Medicaid from revaluation of the assets or from increased interest and depreciation as a result of the proposed change of ownership.
- 100.10 Any activity described in Paragraphs (1) through (9), if undertaken by any person if that same activity would require CON approval if undertaken by a health care facility.
- 100.11 Any capital expenditure or deferred capital expenditure by or on behalf of a health care facility not covered by paragraphs (1) through (10).

NOTE: Examples of capital expenditures "by or on behalf of a health care facility" include, but are not limited to the following:

1. Medical office building (MOB) or other structure is constructed on land adjacent to a health care facility;
  2. Land is leased from a health care facility for the construction of a MOB or other construction to benefit the health care facility;
  3. The health care facility has an option to purchase the MOB or other structure;
  4. The health care facility maintains the authority to approve tenants of the MOB or other structure; and/or
  5. The health care facility retains the right to assume control of the MOB or other structure and collect rent.
- 100.12 The contracting of a health care facility as defined in subparagraphs (i) through (viii) of Section 41-7-173(h), Mississippi Code of 1972 Annotated, as amended to establish a home office, sub-unit, or branch office in the space operated as a

health care facility through a formal arrangement with an existing health care facility as defined in subparagraph (ix) of Section 41-7-173(h).

## 101 **Moratoria**

101.01 Presently, the Department is prohibited from granting approval for or issuing Certificates of Need to any person proposing the new construction of, addition to, or expansion of any health care facility defined in subparagraphs (iv) (skilled nursing facility), (vi) (intermediate care facility), and (viii) (intermediate care facility for the mentally retarded) of Section 41-7-173 (h) or the conversion of vacant hospital beds to provide skilled or intermediate nursing home care, except as specifically authorized by statute.

The Department, likewise, is prohibited from granting approval for or issuing a CON to any person proposing the establishment or expansion of the currently approved territory of, or the contracting to establish a home office, subunit, or branch office within the space operated as a health care facility as defined in Section 41-7-173 (h) (i) through (viii) by a health care facility as defined in subparagraph (ix) (home health agency) of Section 41-7-173 (h).

## 102 **Exemptions**

102.01 Health care facilities owned and/or operated by the State or its agencies are exempt from the restraints in this section against issuance of a CON if such addition or expansion consists of repair or renovation necessary to comply with the state licensure law. This exception shall not apply to the new construction of any building by such state facility. This exception shall not apply to any health care facilities owned or operated by counties, municipalities, districts, unincorporated areas, other defined persons, or any combination thereof.

The new construction, renovation or expansion of or addition to any health care facility defined in subparagraph (ii) (psychiatric hospital), subparagraph (iv) (skilled nursing facility), subparagraph (vi) (intermediate care facility), subparagraph (viii) (intermediate care facility for the mentally retarded), and subparagraph (x) (psychiatric residential treatment facility) of Section 41-7-173 (h) which is owned by the State of Mississippi and under the direction and control of the State Department of Mental Health and the addition of new beds as the conversion of beds from one category to another in any such defined health care facility which is owned by the State of Mississippi and under the direction and control of the State Department of Mental Health shall not require the issuance of a CON under Section 41-7-171 et seq., notwithstanding any provision in Section 41-7-171 et seq. to the contrary.

## 103 **Swing-Bed Concept**

103.01 The Department may issue a CON to any hospital in the state to utilize a portion of its beds for the "swing-bed" concept. Any such hospital must be in conformance with the federal regulations regarding such swing-bed concept at

the time it submits its application for a CON to the Department, except that such hospital may have more licensed beds or a higher average daily census (ADC) than the maximum number specified in federal regulations for participation in the swing-bed program.

Any hospital meeting all federal requirements for participation in the swing-bed program which receives such CON shall render services provided under the swing-bed concept to any patient eligible for Medicare (Title XVIII of the Social Security Act) who is certified by a physician to be in need of such services, and no such hospital shall permit any patient who is eligible for both Medicaid and Medicare or eligible only for Medicaid to stay in the swing beds of the hospital for more than 30 days per admission unless the hospital receives prior approval for such patient from the Division of Medicaid, Office of the Governor.

Any hospital having more licensed beds or a higher average daily census (ADC) than the maximum number specified in federal regulations for participation in the swing-bed program which receives such CON shall develop a procedure to insure that before a patient is allowed to stay in the swing beds of the hospital no vacant nursing home bed for that patient is located within a 50-mile radius of the hospital.

When any such hospital has a patient staying in the swing-beds of the hospital and the hospital receives notice from a nursing home located within such radius that a vacant bed is available for that patient, the hospital shall transfer the patient to the nursing home within a reasonable time after receipt of the notice.

Any hospital which is subject to the requirements of the two preceding paragraphs may be suspended from participation in the swing-bed program for a reasonable period of time by the Department if the Department, after a hearing complying with due process, determines that the hospital has failed to comply with any of those requirements.

The Department shall disseminate a description of the Scope of Coverage section before reviewing any project not previously within the scope of the State's program coverage. The scope of coverage shall be disseminated to all health care facilities and health maintenance organizations within the State and published in **The Clarion-Ledger** (Jackson, Mississippi) and other newspapers deemed appropriate. Whenever the scope of coverage is revised, the Department shall disseminate and publish a revised description of it.

## **CHAPTER 3 - CON APPLICATION PROCEDURES**

### **100 Notice of Intent To Apply for a Certificate of Need**

- 100.01 A Notice of Intent (See Appendix 1 for Notice of Intent To Apply for a Certificate of Need Form), which outlines the general scope of a planned project, shall be submitted to the Department as early as possible in the course of planning for the construction, development, or establishment of a new health

care facility. Likewise, a Notice of Intent shall be submitted to the Department at least 30 days before any person acquires an existing health care facility; undertakes the acquisition of major medical equipment; increases the number of beds or converts beds from one licensed category to another; and/or offers one of the following health services not provided by or through the facility in the last 12 months: open heart surgery services; cardiac catheterization services; comprehensive inpatient rehabilitation services; licensed psychiatric services; licensed chemical dependency services; radiation therapy services; diagnostic imaging services of an invasive nature, i.e., invasive digital angiography; nursing home care as defined in subparagraphs (iv) skilled nursing facility, (vi) intermediate care facility, and (viii) intermediate care facility for the mentally retarded of Section 41-7-173 (h); home health services; swing bed services; ambulatory surgical services; magnetic resonance imaging services; extracorporeal shockwave lithotripsy services; positron emission tomography services; and long-term care hospital services.

### 101 **CON Application**

101.01 Upon request by a potential applicant, the State Department of Health will provide the applicant with the appropriate CON kit, which contains criteria and standards for the requested service and application format to be used in preparation of the CON application. The applicant is required to answer fully and completely all questions which apply to the proposed project and to provide all enclosures required by the application format. Only that information which is prescribed by the format will be necessary. The Department may seek clarifying information to questions asked in the application format that were not fully answered.

### 102 **Copy Requirements**

102.01 An original and three copies of the completed application shall be provided to the Mississippi Department of Health, Health Planning and Resource Development Division, 570 E. Woodrow Wilson, Jackson, Mississippi 39215-1700.

### 103 **Notice of Receipt of Application**

103.01 A notice of receipt of application shall be published online on the Department's website, on a weekly basis if possible.

### 104 **Reviewing Applications for Completeness**

104.01 Within 15 days of receipt, each CON application shall be reviewed by the Department to determine that sufficient information required to conduct a review is contained in the application and that the CON processing fee, if applicable, has been paid. If these criteria are met, an application shall be deemed complete and scheduled for review. Complete applications shall be



entered into the appropriate review cycle or period as determined by the nature of the application.

## 105 **Incomplete Applications**

105.01 If the Department staff determines that an application is incomplete, the information required to render the application complete shall be requested of the applicant in writing. The request shall specify what additional information is required. When additional information is requested on an incomplete application and the information is not provided to the Department of Health within 15 days of such request, review of the application shall be deferred to the next review cycle. Notice of such deferment shall be furnished to the applicant and published on the Department's website. Failure to provide the requested information by the first day of the month preceding the subsequent review cycle will result in administrative withdrawal of the application. Notice of such administrative withdrawal shall be furnished to the applicant and published on the Department's website. When an application is administratively withdrawn, the applicant is barred from proceeding with the project until a new application is submitted, deemed complete, reviewed, and a CON is issued by the Department.

## 106 **Complete Applications**

106.01 An application submitted by the proponent(s) of any proposal shall be logged in and shown as received on the business day of its receipt unless the Department is barred by law, rule, or regulation from accepting such application. When an application is received on the next business day following a weekend or holiday which falls on the first day of a month, the application is deemed received on the first day of that month.

The Department shall determine if the application is complete according to its rules and regulations within the prescribed period of time as provided for in this Section of the *CON Review Manual*.

If, after review has begun, additional clarifying information is requested, the applicant shall have at least 15 days to submit the information, and, upon request of the applicant, the review period shall be extended at least 15 days. If the applicant's review period is extended, the review period of all other competing applications is also extended.

An applicant may submit additional material until the first day of the first month of the review cycle (the day the application is entered into review).

Members of the public, third-party payors, and all other affected persons may submit material to the Department at any time during the first 30 days following the date the application is deemed complete.

Entry of an application into review shall cause a notice to the public to be published in a newspaper of general statewide circulation and on the Department's website that the application has been accepted by the Department and entered into review, and that the public is invited to comment on the application for a period of thirty (30) days from the date the notice first appears on the website, and the deadline date and time shall be clearly specified. Likewise, notice to affected persons shall be issued by mail, notifying recipients that the application has been accepted by the Department and entered into review. The notice to affected persons shall:

1. Give the date of entry into review;
2. Give the name and address of the applicant and the general category of the certificate of need sought;
3. Give the proposed schedule for review of the application;
4. Give the period during which written comments on the project, either for or against, will be accepted by the Department (the dates when the public comment period begins and ends);
5. Notify the affected party of the approximate date of publication of the staff analysis;
6. Give the method by which a copy of the staff analysis may be obtained; and
7. Notify the affected party that a hearing may not be requested by any party until the staff analysis is published, and that any affected party may, within twenty (20) days of the date of publication of the staff analysis, request a hearing in accordance with the Department's rules and regulations, and the manner in which notification of any scheduled hearing will be made.

## 107 **Determining Review Cycles**

107.01 To the extent practicable, no CON review shall take longer than 90 days following the publication of a staff analysis on the application. The review period begins on the first day of the quarterly review cycle and ends on the date the State Health Officer renders his decision.

The following criteria have been established to determine when it would not be practicable for the State Department of Health to complete a review within 90 days;

1. When, as determined by the State Health Officer, it is necessary to defer review of a project to a later date.

2. When, as made available by State guidelines, requests for public hearings during the course of review delay decisions beyond the 90-day period.

Except as provided above, in the event that the Department fails to act on an application within the 90-day period following the date of publication of the staff analysis, the applicant may, within 30 days following the expiration of the 90-day period, bring an action in the appropriate Chancery Court to require the Department to approve or disapprove the application. A CON (or an exemption) may not be issued or denied solely because the Department failed to reach a decision. If the applicant's review period is extended, the review period of all other competing applications is also extended.

## 108 **Scheduled Review Cycles**

108.01 Scheduled review cycles are established to allow all applications for similar types of services, facilities, or equipment affecting the same health planning area to be reviewed in relation to each other four times per year. Review cycles have been established as indicated below:

1. First Quarter - Begins on January 1
2. Second Quarter - Begins on April 1
3. Third Quarter - Begins on July 1
4. Fourth Quarter - Begins on October 1

Applications will be batched for review within these cycles by the following categories:

- a. Licensed Psychiatric Services
- b. Licensed Chemical Dependency Services
- c. Skilled Nursing Services
- d. Psychiatric Residential Treatment Facility
- e. Intermediate Care Services for the Mentally Retarded
- f. Home Health Services
- g. Comprehensive Inpatient Rehabilitation Services
- h. ESRD Facility
- i. Ambulatory Surgical Services
- j. Major Medical Equipment, if competing

- k. Open Heart Surgery Services
- l. Cardiac Catheterization Services
- m. Radiation Therapy Services
- n. Diagnostic Imaging Services (Invasive)

Assignment to a review cycle is determined by the date on which the application is received. To be considered in a particular review cycle, applications must be received by the Department on or before the first working day of the month preceding the review cycle in which the review is desired; must contain all required information; and must be "deemed complete" by the Department within fifteen (15) days after notice that an application is not complete is issued by the Department.

Certificate of Need decisions on "complete" applications normally will be rendered no later than ninety (90) days after the publication of the staff analysis on the application.

<i>Review Schedules</i>			
<u>To be Considered in</u> <u>Review Cycle</u>	<u>Applications Must be</u>		
	<u>Received by</u>	<u>Deemed Complete by</u>	<u>Staff Analysis Normally Published by</u>
(1) Review Cycle 1	December 1	January 1	February 15
(2) Review Cycle 2	March 1	April 1	May 15
(3) Review Cycle 3	June 1	July 1	August 15
(4) Review Cycle 4	September 1	October 1	November 15

## 109 Exceptions to Review Cycles

109.01 If no competing application exists for a similar type of service, facility, or equipment affecting the same health planning area, the staff analysis would normally be published on the approximate date indicated in the fourth column of the above table.

## 110 Expedited Review

110.01 Section 41-7-205, Mississippi Code of 1972 Annotated, as amended, requires the State Department of Health to provide an expedited review for those projects determined to warrant such action.

All requests for such an expedited review by the applicant must be made in writing to the Department. The Department shall determine within 15 days after receipt of a written request whether expedited review is appropriate. For applications determined by the Department to qualify for expedited review, the Department shall render its decision concerning the issuance of a CON within 90 days after the receipt of a completed application. A project qualifies for expedited review only if it meets one of the following criteria:

1. A transfer or change of ownership of a health care facility wherein the facility continues to operate under the same category of license or permit as it possessed before the date of the proposed change of ownership and none of the other activities for which a CON is required by Section 41-7-191 (1) Mississippi Code of 1972 Annotated, as amended, takes place in conjunction with such transfer;
2. Replacement of equipment with used equipment of similar capability if the equipment is included in the facility's annual capital expenditure budget or plan;
3. A request for project cost overruns that exceeds the rate of inflation as determined by the Department;
4. A request for relocation of services or facilities if the relocation of such services or facilities (i) involves a capital expenditure by or on behalf of a health care facility; or (ii) is more than one thousand three hundred twenty (1,320) feet from the main entrance of the health care facility where the service is located, or;
5. A request for a CON to comply with duly recognized fire, building, or life safety codes or to comply with state licensure standards or accreditation standards required for reimbursement;

## 111 **Emergency CON Review**

111.01 Any health care facility, finding it a matter of immediate necessity to make a capital expenditure for replacement of or repair to equipment or facility caused by unforeseen or unpredictable events which may jeopardize the health and/or safety of the patients of such health care facility, may file an application for emergency CON. Emergency expenditures include those expenditures required for repair of fixed equipment to maintain the provision of quality care.

Such equipment includes, but is not limited to, heating and air conditioning equipment, elevators, electrical transformers and switch gear, sterilization equipment, emergency generators, water supply, and other utility connections.

Notification to the Department regarding an emergency capital expenditure shall be made in the following manner: the administrative executive officer (or one of his designated administrative assistants) of a health care facility in need of an

emergency CON shall contact a member of the Department administrative staff who is responsible for the administration of the CON program. Justification for the emergency CON should be fully explained, describing in as much detail as possible the incurred loss or damage, the result or probable result of such loss or damage, the estimated cost or expenditure contemplated, the anticipated date such repairs or replacement will commence, the anticipated date of the completion of the repairs, and other necessary information requested by the staff member.

The State Health Officer, after obtaining required information, shall grant or deny the emergency Certificate of Need application. This decision will be communicated to the applicant as expeditiously as possible.

Written notification shall be submitted as soon as possible by the applicant to the State Department of Health, explaining the nature of the emergency and other pertinent details regarding the request for the emergency CON.

The State Health Officer, upon receipt of sufficient documentation, may reaffirm his previous approval of the emergency CON. If it is sufficiently documented that the alleged emergency did not exist, that there was an apparent intent to misrepresent facts, or that there was an apparent intent to perpetrate a fraud by the applicant, any such CON previously granted may be revoked or rescinded.

Emergency CONs shall be valid for not more than 90 days. Consequently, any recipient of an emergency CON is required to submit the appropriate CON application to the Department within 45 days of the effective date of the emergency CON, addressing the same project for which the emergency CON was granted. Normal CON procedures are applicable to any subsequent application submitted by a recipient of an emergency CON with reference to the same project.

## 112 **Certificate of Need Processing Fee**

112.01 The amount of the fee to be assessed is determined by the following formula:

$$\text{CON Fee} = 0.50 \times 1\% \text{ of proposed capital expenditure}$$

Should the capital expenditure in the CON application differ from that in the notice of intent, the applicant must adjust the fee payment to conform to the fee stated in the CON application, being certain to capitalize only those increments of the total expenditure proposed which are appropriate.

Fee payment shall accompany the CON application and is payable to the Mississippi Department of Health by check, draft, or money order. The minimum fee shall not be less than \$500, and the maximum fee shall not exceed \$25,000.

When a CON application is received by the Department staff, the capital expenditure will be determined and the fee based on that amount. If the applicant has submitted overpayment of the CON fee as determined by the Department staff, the amount of the overpayment will be refunded. If partial payment of the CON fee has been submitted, the balance due must be received within 15 days' notice of receipt of partial payment by the Department. The assessed CON fee, once paid, shall be non-refundable.

No application shall be deemed complete for the purpose of review until the required fee is received by the State Department of Health.

No filing fee shall be required for:

1. Any application submitted by an agency, department, institution, or facility which is operated, owned, and/or controlled by the State of Mississippi and which receives operating and/or capital expenditure funds solely by appropriations from the Legislature of the State; or
2. Any application submitted by a health care facility for repairs or renovation determined by the Health Facilities Licensure and Certification Division of the Department, in writing, to be necessary to avoid revocation of license and/or loss of certification for participation in the Medicaid and/or Medicare Programs. Any proposed expenditure in excess of the amount determined by the Department to be necessary to accomplish the stated purpose shall be subject to fee requirements previously detailed.

### 113 **Notification to Affected Persons**

113.01 Notification to affected persons will be made on the day an application is deemed complete and entered into the review cycle for substantive applications. When an application qualifies for an expedited review, notification to affected persons will be made within five days of the date the application is deemed complete.

The notice to affected persons shall:

1. Give the date of entry into review;
2. Give the name and address of the applicant and the general category of the certificate of need sought;
3. Give the proposed schedule for review of the application;
4. Give the period during which written comments on the project, either for or against, will be accepted by the Department (the dates when the public comment period begins and ends);

5. Notify the affected party of the approximate date of publication of the staff analysis;
6. Give the method by which a copy of the staff analysis may be obtained; and
7. Notify the affected person that a hearing may not be requested until the staff analysis is published, and that any affected person may, within twenty (20) days of the date of publication of the staff analysis, request a hearing in accordance with the Department's rules and regulations, and the manner in which notification of any scheduled hearing will be made.

Notification to members of the public and third party payors shall be provided by posting notices on the Department's website, and/or through newspapers and public information channels. Notification to other affected persons shall be by mail. The date of notification is the date on which notice is mailed or is published in The Clarion-Ledger (Jackson, Mississippi), whichever is later.

#### 114 **Staff Analysis and Recommendations**

114.01 Each application for a CON shall be assigned to a staff member of the Health Planning and Resource Development Division for analysis and review. The applications will be reviewed in compliance with the State Health Plan and the criteria contained in Chapter 8 of this manual. A written summary of the staff analysis and recommendation with respect to approval or disapproval shall be prepared. The staff analysis shall be made available online on the Department's website and shall be sent by United States Mail, postage pre-paid, to the applicant and to those who have filed a written request for the specific staff analysis in response to the notice to affected persons. If the staff is recommending disapproval, the applicant shall be allowed 15 days in which to provide additional material on its own application only for further analysis that may resolve the basis of the staff's recommendation of disapproval. Applicants will be notified of the deadline for the receipt for additional material. Any additional material presented by an applicant, not requested by the Department, and any additional material submitted by the applicant subsequent to the 16th calendar day following the publication of a staff analysis recommending disapproval of the application shall not be considered at any time during the course of review.

**NOTE:** A one-time submission of new information in response to a negative staff analysis shall be submitted by the applicant only. No additional submissions will be accepted from the public.

Additional information shall be submitted directly to the Division of Health Planning and Resource Development.

The staff analysis and recommendation on any application on which a hearing during the course of review has been granted shall be prepared from information



contained in the application at the time the hearing is requested, except for reports previously requested from other affected state agencies and information requested by Department staff. The staff analysis and recommendation shall be available online on the forty-fifth (45th) day following the receipt of a complete application.

## 115 **Determinations of Reviewability**

115.01 Prospective applicants proposing a capital expenditure of \$1,500,000 or more, the relocation of a health care facility or service, an addition of health services, a change of ownership, a bed conversion, or any other activity wherein the provisions of Section 41-7-173 et seq., Mississippi Code of 1972 Annotated, as amended, are potentially applicable, shall submit a written request to the Department for a determination of reviewability (See Appendix \_\_\_ for Determination of Reviewability Form).

In addition, applicants proposing certification as a Distinct Part SNF, Geropsychiatric DPU, or Single Specialty Ambulatory Surgery Center, must contact the Department for a written opinion regarding the Reviewability of the service (See Appendices 3 and 4 for specific guidelines).

## **CHAPTER 4 - PUBLIC HEARING DURING THE COURSE OF REVIEW**

100 Any affected person may, within 20 days of publication of the staff analysis, request a public hearing during the course of review. An applicant, however, may request a hearing on its own application only if the staff recommendation is for disapproval of the application or approval by reduction. Requests for a hearing in the course of review must be received by the Department not later than the close of business (5:00 p.m.) on the twenty-first (21st) day after the date the staff analysis is published. Should the twenty-first (21st) day fall on a Saturday, Sunday, or other legal holiday when the Department is actually closed for business, the request must be received by the Department by 5:00 p.m. on the next business day following. If such public hearing is requested, appropriate notice shall be provided to the applicant and other affected persons. The general public to be served by the proposal shall be notified of such action by the Department through means of publication on the Department's website, and in The Clarion-Ledger or other newspaper of general circulation in the area to be affected by the proposal. Other public information channels may be utilized.

If no request for a hearing in the course of review is received, the Department may take action on the application within the review period.

If requested, a public hearing will be held by the Department within sixty (60) days after the date the hearing request was received by the Department, unless a waiver of time has been agreed upon by all parties. Notification of the time, date, and place of the hearing will be given to all affected parties and the public in accordance with these regulations no later than 15 calendar days before such hearing.

Any such hearing shall be conducted by a hearing officer designated by the Department. Any party may request an independent hearing officer. If such is requested, the Department shall designate a hearing officer who shall not be an employee of the Department but who shall be a licensed attorney. The request for an independent hearing officer must be made on the face of the request for hearing, if by the requestor of the hearing, or by separate request, if by the applicant, within ten (10) days of the filing of the request for hearing. If no independent hearing officer is requested pursuant to this rule, the Department may designate an employee of the Department to serve as hearing officer. At the request of any affected person, subpoenas may be issued for witnesses or documents by the Hearing Officer (see Hearing Officer's Authority to Grant Subpoenas, this section). In the hearing, any affected person shall have the right to be represented by counsel, to present oral or written arguments and evidence relevant to the matter which is subject to the hearing, and to conduct reasonable questioning of persons who make relevant factual allegations (if the person is affected by the matter). A record of the hearing shall be made, and shall consist of a transcript of all testimony received, all documents and other material introduced by any interested person, the staff report and recommendation, and such other material as the Hearing Officer considers relevant, including his/her own recommendation, which he/she shall make within a reasonable period of time after the hearing is closed and after he/she has had an opportunity to review, study, and analyze the evidence presented during the hearing.

A copy of the Hearing Officer's report shall be made available to the applicant and affected person(s) prior to the decision being announced by the State Health Officer.

## 101 **Fee for Public Hearing**

101.01 The fee assessed to cover the cost of conducting a public hearing during the course of review shall be an amount equal to \$2,000 per day for each day of the hearing and shall be secured by a deposit of, \$4,000 payable by the requestor, or shared equally by all requestors, at the time the request for hearing is received by the Department of Health. A request for hearing and payment of the fee and deposit must both be received within 20 days of notice. The \$4,000 fee will cover the cost of a hearing for a two-day period ONLY. Whenever a hearing exceeds the two-day period allotted, an additional fee of \$2,000 per day for each day beyond the first two days shall be assessed to the requestor, or shared equally by all requestors, of said hearing.

Should the request for hearing be withdrawn, a portion of the assessed fee shall be refunded. A minimum of \$500 will be retained by the Department. Any extraordinary expenses incurred, such as extra publication expenses, expenses of hiring a court reporter, extraordinary administrative time, etc., shall be deducted at a reasonable rate, and the remaining portion thereof shall be refunded to the person(s) requesting the hearing during the course of review.

Refund of fees will be made in accordance to the following regulations:

1. Portions of the \$4,000 fee required to request a hearing during the course of a review will be refunded under the following circumstances:
  - a. When the application for a Certificate of Need is withdrawn by the applicant and a hearing during the course of review is pending but has not commenced at the time of the withdrawal of the application.
  - b. When the person or entity requesting the hearing during the course of review withdraws said request.
2. To obtain a partial refund of the hearing fee when the application has been withdrawn prior to commencement of the hearing, the requestor(s) must request said refund within five business days after said application has been withdrawn.

The actions outlined in paragraph (1) (b), above, must have been completed no later than five business days before the day on which the hearing during the course of review was scheduled to be held. Any notice of the actions outlined in paragraph (1)(b), above, received later than five business days prior to the date set for the hearing during the course of review will not entitle the requestor to a return of any portion of the fee paid.

3. When an application is administratively withdrawn by the Department prior to the commencement of the hearing, a full refund of filing fee will be made to the requestor(s).

## 102 Consolidation of Hearings

- 102.01 When applications involving a common question of law or fact or multiple proceedings involving the same or related parties are pending before a hearing officer, on the motion of any party, the Department, or the hearing officer's own motion, the hearing officer may order a joint hearing on any or all of the matters and issues in the cases. Additionally, the hearing officer may order any or all of the cases consolidated, and may make such other orders concerning proceedings therein as may tend to avoid unnecessary cost or delay.

## 103 Motions (Hearing in Course of Review)

- 103.01 Motions may be heard at any time subsequent to the receipt of a valid request for hearing by the Department, at a time and date to be selected at the discretion of the hearing officer. Motions which may be heard by the hearing officer shall normally include, but are not necessarily limited to:
1. Motion to strike or dismiss an application or request for hearing for failure of the application, applicant or requestor to follow the published rules and regulations of the Department;

2. Motion to set a hearing date;
3. Motion for issuance of subpoena(s)
4. Motion to compel discovery;
5. Motion to designate record;
6. Motion to quash or motion in limine
7. Motion to impose sanctions.

To the extent practicable, except for motions to quash subpoenas, motions in limine, motions for protective order and other evidentiary motions, all pretrial motions shall be noticed for and shall be heard upon a date no less than ten (10) days prior to the hearing during the course of review. Motions to quash subpoenas, motions in limine, motions for protective order and other evidentiary motions shall be noticed for and shall be heard upon a date no less than twenty (20) days prior to the hearing during the course of review. Motions and the notices thereon shall be served in accordance with the rules of the Department governing service.

Except for good cause shown, no motion shall be served on opposing parties less than five (5) working days prior to the date of the scheduled motion hearing.

Opposing parties may, before the time specified herein for the hearing of the motion, serve upon the Hearing Officer and all other parties a written response to the motion.

At least ten (10) working days prior to the hearing during the course of review, the Hearing Officer shall conduct a hearing on any motion(s) filed herein. Although clearly interlocutory in nature for purposes of perfecting an appeal to Chancery Court, the Hearing Officer's ruling on the motion is final as to all matters regarding the conduct of the hearing. Any decision as to the disposition of a motion, whether made orally or in writing, will be entered into the record by the Hearing Officer.

## 104 **Ex Parte Contacts**

- 104.01 After the publication of a particular staff analysis, and before a written decision is made by the State Health Officer, there shall be no ex parte contacts between (a) any person acting on behalf of the applicant or holder of the CON or any person opposed to the issuance or in favor of the withdrawal of the CON and (b) the State Health Officer; the Deputy State Health Officer; the Director and Deputy Director of the Office of Health Regulation, the hearing officer; or the staff of Health Planning and Resource Development. The prohibition against ex parte contacts shall not be construed to prohibit contact by and between staff members, a hearing officer, the Director and Deputy Director of the Office of

Health Regulation, the Deputy State Health Officer, the State Health Officer, and the staff of the Mississippi Attorney General's Office

104.02 Violation of Sections 41-7-171 through 41-7-209, or any rules or regulations promulgated in furtherance thereof by intent, fraud, deceit, unlawful design, willful and/or deliberate misrepresentation, or by careless, negligent or incautious disregard for such statutes or rules and regulations, either by persons acting individually or in concert with others, shall constitute a misdemeanor and shall be punishable by a fine not to exceed \$1,000 for each such offense. Each day of continuing violation shall be considered a separate offense. The venue for prosecution of any such violation shall be in the county of the state wherein any such violation, or portion thereof, occurred.

#### 105 **Notification of the Status of Review**

105.01 The State Department of Health, upon request of persons subject to review, shall provide timely notification of the status of review, the Department's findings, and other appropriate information respecting the review.

#### 106 **Limited Exchange of Information (Discovery)**

106.01 In an effort to expedite the hearing process, parties to a hearing during the course of review shall exchange in writing the following information on or before the fortieth (40th) calendar day prior to the first date of the hearing:

1. A list of proposed issues which the parties reasonably believe shall be the subject of the hearing;
2. A list of witnesses which shall include a full name, address and telephone number of every witness the parties reasonably anticipate calling at the hearing, together with whether the witness is a fact or expert witness, and a brief summary of the matters upon which the witness is expected to testify;
3. A true and correct copy of every document anticipated to be introduced at the hearing (except those documents introduced solely for rebuttal);
4. Copies of the underlying documentation which support the admissibility of charts, graphs, compilations, professional and expert reports (except where privileged) shall be produced for inspection if reasonable and exchanged if reasonably necessary;
5. A true and correct copy of every subpoena which the parties have or will request be issued to non-parties; (documents received by a party from non-parties in response to subpoenas must be furnished to all other parties no later than twenty (20) days prior to the hearing).
6. All documents should be pre-marked for admission into evidence.

The parties are under a continuing duty to supplement this limited exchange of information and documents. All information and documents called for in this section should be finally supplemented by the parties no later than the twentieth (20th) day prior to the first day of the hearing during the course of review.

## 107 **Pre-Hearing Orders**

107.01 On or before the twentieth (20th) day prior to the first day of the hearing, the parties should exchange proposed pre-trial orders. The pre-trial order shall be in form generally accepted in the civil courts of Mississippi. The pre-trial order shall be agreed upon by the parties and entered by the hearing officer on or before the tenth (10th) day prior to the hearing. If agreement cannot be reached by and between the parties to a hearing, the hearing officer shall resolve the disagreement and adjudicate a pre-trial order for entry on or before the 10th day prior to the hearing. Any hearing necessitated by disagreement between the parties or otherwise whose subject is the pre-trial order shall be noticed by the parties for a date on or before the tenth (10th) day prior to the first day of the hearing during the course of review.

The pre-trial order shall include the order of proof, if applicable, a list of witnesses for each party, a statement that the parties have reached agreement as to the documents which have been pre-marked for admission, and that there is no question as to their authenticity and admissibility; a brief list and summation of the issues to be tried, an iteration of any stipulations reached; and any other matters upon which the parties may reach agreement, or which the hearing officer may require, in his discretion. The order shall contain a stipulation of any documents necessary to a determination of the hearing which were received or generated by the Department subsequent to the publication of the staff analysis, which, together with the application, documents received subsequent to the application and prior to the staff analysis, and the staff analysis, will constitute the file of the Department for introduction into the record.

An executed copy of the pre-trial order shall be furnished to the hearing officer and to the Department for inclusion in the file.

## 108 **Sanctions**

108.01 Upon the motion of any party to a hearing, a hearing officer may impose reasonable sanctions on parties who fail or refuse to comply with the rules and regulations of the Department regarding certificates of need or who violate a hearing officer's order. Additional reasonable sanctions may be imposed upon parties or non-parties who fail or refuse to comply with subpoenas. Reasonable sanctions include, but are not limited to, denial of or exclusion of information or documents sought; exclusion from the record of testimony of witnesses; or other reasonable measures. The imposition of sanctions shall not be to punish, but rather to compel fairness and to deny parties any advantage which might be gained by non-compliance.

## 109 **Service of Documents**

109.01 One copy of each document such as pleadings, motions, briefs, letters, etc., shall be served on each attorney of record in a particular matter. A copy shall likewise be served on the hearing officer, and one copy furnished to the Department for inclusion in the file. Any document furnished the Department for filing shall plainly state, on its face or in an accompanying letter, that it is being furnished for and is requested to be filed.

## 110 **Furnishing Copies**

110.01 Any document sought to be introduced into the record shall be accompanied by sufficient copies for all other counsel, including counsel opposite, the hearing officer and the court reporter.

Any motion or other pleading filed which references or is in response to another document previously filed shall be accompanied by a copy of the previously filed document (i.e., a motion to quash a subpoena shall be accompanied by a copy of the subpoena; a motion in limine to exclude a document shall be accompanied by a copy of the document).

## 111 **Hearing Officer's Authority to Grant Subpoenas**

111.01 The Mississippi State Board of Health, pursuant to its rule-making authority and subpoena powers granted unto it in Mississippi Code of 1972 Annotated, Sections 41-3-17 and 41-3-15(4)(1), respectively, hereby adopts the following rules:

The State Health Officer, vested with the authority of the board as described in Section 41-3-5, Mississippi Code of 1992 Annotated, as amended will, at his discretion, appoint a Hearing Officer to hear any matter before the Mississippi Department of Health. The Hearing Officer shall be granted the authority to issue subpoenas to compel the attendance of witnesses and the production of relevant documents and things. Any duly appointed Hearing Officer so authorized may issue a subpoena sua sponte, or upon application by any party to a matter being heard before the Mississippi Department of Health.

Except for good cause shown, no subpoena shall be issued less than forty (40) days and served less than thirty (30) days, prior to the date of the hearing for which the subpoena is sought. Any subpoena duces tecum issued under this rule shall specify a date, time and place for the production of documents or things. The date for production shall be no less than twenty-five (25) days prior to the date of the hearing, unless the subpoena is issued pursuant to a specific order of the hearing officer, which order may provide for another date. Upon issuance of a subpoena, the Hearing Officer may designate an individual employed by the Mississippi Department of Health or some other suitable person, such as

the party requesting the subpoena, to execute and return service of the subpoena.

The person to whom the subpoena is directed may, no less than twenty-five (25) days before the date set as the first day of the hearing, serve upon the parties to the hearing and the Hearing Officer written objection to the subject matter of the subpoena together with a notice of a motion on the objection, in which case the attendance of the witness or the production of documents and things shall not be compelled except pursuant to an order by the Hearing Officer subsequent to the hearing on the motion. In considering the objection of a party to the issuance of a subpoena for the attendance of witnesses or the production of documents and things, the Hearing Officer shall consider the relevancy, probativeness, and reasonableness of the subject of the subpoena.

At least twenty (20) days prior to the hearing, the Hearing Officer hear motions concerning the issued subpoenas, if any. The Hearing Officer's rulings on the issuing and disposition of the subpoenas are final as to all matters involving subpoenas issued or sought to be issued. Any such ruling, whether made orally or in writing, will be entered into the record by the Hearing Officer.

If any party subpoenaed under this rule shall refuse to comply with such subpoena, the Hearing Officer shall be authorized to certify such facts and enter same into the record. At that point, any party to the hearing may then move the appropriate court for relief during the hearing, but the hearing will not be delayed while this matter is being resolved.

## **Procedures For Conducting A "Hearing During The Course of Review"**

### **112 Procedure and Other Related Matters (signing in)**

112.01 Certificate of need hearings are open and public, except for rare occasions when the hearing officer may wish to inspect documents or examine witnesses in camera. To expedite the conduct of the hearing, persons attending should "sign in," listing their name, address and organization.

### **113 Declaration of Hearing Officer**

113.01 The Hearing Officer opens the hearing (giving time and date).

The Hearing Officer will identify himself/herself and those responsible for recording the hearing.

The Hearing Officer has the authority to administer oaths, and will swear in those who wish to testify except officers of the courts, who are not required to be sworn.



The legal notice will be admitted into the record as Exhibit One by the Hearing Officer.

The file of the Department with respect to the application will be admitted into the record as Exhibit Two by the Hearing Officer.

The staff analysis with respect to the application will be admitted into the record as Exhibit Three by the Hearing Officer.

The Hearing Officer will read the following notice to those present:

"This hearing is being conducted to discuss the merits of the application under consideration; please refrain from discussing or offering evidence concerning any other pending or yet to be offered application that is not relevant to the matter in issue."

"Any affected person, during the conduct of the hearing, shall have the right to be represented by counsel. Additionally, any person may present oral or written arguments and evidence relevant to the matter which is subject to the Hearing and may conduct reasonable questioning of persons who make relevant, factual allegations if the person is affected by the matter."

#### 114 **Order of Proof**

NOTE: All persons giving testimony during the conduct of the hearing will state their name and their organizational affiliation.

114.01 A member of the staff, who may give a brief summary of the Department's staff report; such staff member may be questioned by any affected person present, including the Hearing Officer.

114.02 The applicant.

114.03 The opponent(s), if any, in an order to be established by agreement between the opponent(s), or if no agreement can be reached, by the Hearing Officer. If no opponent(s) are present, the Department may present witnesses, exhibits, and testimony regarding the application, conduct questioning of witnesses presented by the Applicant, make objections, argue, and submit proposed findings of fact and conclusions of law and/or a proposed recommendation. In this instance, the Department should be represented by a staff attorney who may be an employee of the Mississippi Attorney General.

114.04 Persons who wish to give evidence for themselves or on behalf of a group or organization.

114.05 Persons who wish to give evidence but are not listed on "Sign-In" sheet and who have not been sworn (These persons will be sworn prior to giving testimony).

- 114.06 Rebuttal by the applicant, limited to matters raised during the opponent's case in chief.
- 114.07 Closing statements or arguments of counsel or affected persons. Waiver of the submission of closing statements or arguments at the hearing shall not entitle any party or affected person to argument before the State Health Officer. (Argument shall normally be by briefs, submitted to the Hearing Officer simultaneously, an agreed-upon number of days following the receipt of the transcript by the Department of Health).
- 114.08 The Hearing Officer will then close the Hearing.

## 115 **Submission of Written Documents**

- 115.01 All exhibits, documents, written arguments, letters, photographs, etc., to be entered into the record (transcript) shall be on paper of not less than 8 1/2" x 11". Such, if not the required size, may be reproduced to 8 1/2" x 11" by photocopy or may be firmly affixed to paper of the required size by clear scotch-type tape.

Undeveloped film, disks and diskettes on which data or other information is stored, transparencies, documents or letters, or exhibits which are of poor quality and not easily read or understood (because of poor quality) shall not be permitted to be introduced into the Record (transcript). Such documentary evidence or written arguments as set out above shall be permitted into the Record (transcript) if of good quality, easily readable or understood (because of good quality and of the proper dimension) by the Hearing Officer.

Each page of any submission shall have a blank margin of not less than one inch at the top and the bottom, a blank margin on the left side of the page of not less than one-and-one-half inch, and a blank margin of not less than one-half inch on the right side of each page (Left and right are as the viewer looks at the page).

Any exhibit which is to be inserted in the transcript shall consist of not more than five pages - all properly numbered sequentially and also numbered Page 1, Page 2, etc., of that particular exhibit. All exhibits of more volume than five pages shall be considered as "bulky" exhibits.

The Hearing Officer, within his/her discretion, may hold the hearing open for a specified period of time for the submission of argument, briefs, or certain documentary evidence that he/she may request. Copies of any such material requested shall be furnished by the person or party of whom it was requested to the Hearing Officer, the Department, the CON applicant, and to the opposing parties. No further arguments, briefs, rebuttals, presentations, or submission of other documentary material by any person or organization of any kind pertaining to any matter will be accepted.

Any witness during the course of a hearing may be cross-examined by any party to the hearing. The Department may question or cross-examine any witness through its attorney. The Hearing Officer may question any witness on direct or cross-examination.

## 116 **Counsel Pro Hac Vice**

116.01 Any attorney, appearing as such, representing any person or organization shall be in compliance with Rule 46(b) of the Mississippi Supreme Court Rules as to the appearance of counsel pro hac vice.

## 117 **Procedures for Conducting Comparative "Hearing During the Course of Review"**

117.01 The conduct of a comparative hearing during the course of review shall differ from a non-comparative hearing only in the following respects, and shall include all other procedures for conducting a non-comparative "hearing during the course of review":

## 118 **Order of Proof**

NOTE: All persons giving testimony during the conduct of the hearing will state their name and their organizational affiliation.

118.01 A member of the staff, who may give a brief summary of the Department's staff report; such staff member may be questioned by any affected person present, including the Hearing Officer.

118.02 The applicants, in the order that their requests for hearing were received by the Department.

118.03 The opponent(s), if any, in the order to be established by agreement between the opponent(s), or if no agreement can be reached, by the Hearing Officer. If no opponent(s) are present, the Department may present witnesses, exhibits, and testimony regarding the application, conduct questioning of witnesses presented by the Applicant, make objections, argue, and submit proposed findings of fact and conclusions of law and/or a proposed recommendation. In this instance, the Department should be represented by a staff attorney who may be an employee of the Mississippi Attorney General.

118.04 Rebuttal proof by the applicants, in the order in which they presented their cases in chief;

118.05 Persons who wish to give evidence for themselves or on behalf of a group or organization.

118.06 Persons who wish to give evidence but are not listed on "Sign-In" sheet and who have not been sworn (These persons will be sworn prior to giving testimony).

118.07 Closing statements or arguments of counsel or affected persons. Waiver of the submission of closing statements or arguments at the hearing shall not entitle any party or affected person to argument before the State Health Officer. (Argument shall normally be by briefs, submitted to the Hearing Officer simultaneously, an agreed-upon number of days following the receipt of the transcript by the Department of Health).

118.08 The Hearing Officer will then close the Hearing.

## **CHAPTER 5 - FINDINGS AND ORDERS OF THE DEPARTMENT**

### **100 Written Findings**

100.01 The basis for CON decisions will be provided in writing. The Department may approve or disapprove a proposal for CON as originally presented in final form, or it may approve a CON by modification, by reduction only, of such proposal provided the proponent agrees in writing to such modification.

### **101 Decision and Final Order**

101.01 The State Health Officer will review all applications to determine whether the proposed project substantially complies with plans, standards, and criteria prescribed for such projects by the governing legislation, by the State Health Plan, and the adopted rules and regulations of the Department. When a hearing during the course of review has been held, the completed record shall be certified to the State Health Officer, who shall consider only the record in making his decision; he shall not consider any evidence or material which is not included therein. The State Health Officer shall make his written findings and issue his orders after reviewing said records.

When a hearing during the course of review has not been held, the staff responsible for the preparation of the staff analysis and recommendation and the proponent(s) of the proposal may be present at the time the decision is announced. They shall be available to answer questions by the State Health Officer. The proponent may make a brief oral presentation, not to exceed 20 minutes. The State Health Officer may, at his discretion, request additional information and delay a final decision with respect to the proposal until said information is received and analyzed.

If the staff recommendation is to approve the project and the State Health Officer does not concur, the applicant shall have one opportunity only to submit additional information for staff analysis, and the State Health Officer shall delay his decision on the project until evaluation of the additional information is completed. Any additional information submitted must be received by the Department within 15 days of the date of the monthly CON decision meeting in which the initial project was to have been considered. The procedures to be followed at the subsequent review shall be the same as when the State Health

Officer reviews a proposal for which a hearing during the course of review has not been held.

Whether a hearing during the course of review was held, applicants will be informed of the date of the review of their proposal by the State Health Officer at least 10 days in advance of such review and will be provided a copy of the proposed agenda.

If the State Health Officer finds that the project does conform to the applicable requirements, a decision to approve shall be rendered. If the State Health Officer finds that the project fails to satisfy the plans, standards, and criteria, a decision to disapprove will be rendered. The State Health Officer's decision to approve or deny the Certificate of Need shall be the final order of the Department and shall be announced in the monthly CON meeting and followed by written notice to the applicant. Any party aggrieved by any final order by the Department shall have the right of appeal to the Chancery Court of the First Judicial District of Hinds County, Mississippi, as provided by Section 41-7-201 Mississippi Code of 1972 Annotated, as amended (Supplement 1993), provided however, that any appeal of an Order disapproving an application for CON may be made to the Chancery Court of the county where the proposed construction expansion or alteration was to have been located or the new service or purpose of the capital expenditure was to have been utilized.

## 102 **Designation of Record on Appeal**

102.01 So that the Department may adequately prepare the record for appeal, any party filing an appeal, cross-appeal, or other responsive pleading to a notice of appeal shall specifically designate the record for purposes of appeal, in fashion similar to that required by the Mississippi Rules of Appellate Procedure. Such designation must specifically set out any documents received or generated by the Department subsequent to the publication of the staff analysis which the party desires to be included in the appellate record.

## 103 **Administrative Decisions**

103.01 The State Health Officer may approve emergency CON's and six-month extensions without providing notice to affected persons or the public or providing an opportunity for a hearing during the course of review. These applications are described in Subsequent Reviews, in Chapter 6 of this manual.

## 104 **Withdrawal of a Certificate of Need**

104.01 Section 41-7-195, Mississippi Code of 1972 Annotated, as amended, states in part, "If commencement of construction or other preparation is not substantially undertaken during a valid Certificate of Need period or the State Department of Health determines that the applicant is not making a good faith effort to obligate such approved expenditure, the State Department of Health shall have the right to withdraw, revoke, or rescind the Certificate."

Department staff shall request a written report from the applicant every six months from the date of issuance of a CON until the completion of the project. The applicant is required to submit written reports every six months and a final report upon completion of a project. (A sample progress report format is included at Appendix 5).

In considering the withdrawal of the CON in those cases where an applicant has failed to show good faith effort through adequate progress, the Department shall take the following actions:

1. The applicant, affected persons, and the general public will be notified by appropriate means that withdrawal of the CON is under consideration by the Department and the reasons therefore;
2. Applicant so advised of contemplated action shall have 30 days from the date of the written notice to respond, and if they so desire, to request a public hearing before the State Health Officer or his designated hearing officer. If no response is received from the applicant during the 30-day period, the Department may conclude that the applicant concurs with the proposed action to withdraw the CON;
3. If a public hearing is requested by any affected party, the Department will conduct the hearing within 45 days of receipt of the written request. The State Health Officer will render his written decision within 30 days following conclusion of any hearing on withdrawal of Certificates of Need. Written notice of the date, time, and place of any hearing to be conducted on withdrawal of CON will be provided to affected persons at least five days before the date of the hearing and will be published in The Clarion-Ledger and/or other newspaper of general circulation in the area in which the project was to have been developed, if deemed appropriate by the Department.

Action taken by the Department to revoke, cancel, withdraw, or rescind a CON shall be in the form of a final written order. The same appeal rights which apply to initial review of the applications apply in the case of hearings or reviews to withdraw existing CON.

In the withdrawal of a Certificate of Need, the State Department of Health shall follow required procedures for notification of the beginning of the review; written findings and conditions; notification of the status of review; public hearing in the course of review; ex parte contact; judicial review; and annual reports of the State Department of Health.

## 105 **Documentation of Commencement of Construction or Good Faith Effort**

- 105.01 The following documentation shall be required to determine whether construction has been substantially undertaken during a valid CON period and

whether the applicant is making a good faith effort to obligate approved expenditures.

1. Commencement of Construction

- a. Letter from the director of Health Facilities Licensure and Certification Division of the Department of Health stating that final plans have been submitted and are approved, that the plans were prepared by an architect or architectural firm licensed to do business within the State of Mississippi, and that the site is approved.
- b. A copy of a legally binding and obligating written contract executed by and between the applicant and the contractor to construct and to complete the project within a reasonable designated time schedule and to commence such construction within a reasonable designated time period and which states the specific capital expenditure amount which conforms to that amount previously approved.
- c. A copy of the contractor's Mississippi license.
- d. A copy of the building permit issued by the municipality or other applicable governing authority, or if a building permit is not required, a letter from the municipality, county, or other governing authority stating such.
- e. 5. A letter from the municipality, county, or other governing authority that the proposed project is in compliance with zoning regulations, if any, and if no such regulations exist, a letter to that effect.
- f. A statement in writing that the proposed construction project, or any preparation thereof, is not in violation of the Coastal Wetlands Protection Act, Section 49-27-1 et seq. of the Mississippi Code of 1972 Annotated, as amended, or in violation of any federal law or regulation pertaining in any manner to construction in a federally designated "wetlands" area.
- g. Documentary proof that a progress payment of at least one percent of the total construction cost as set out in the contract has been paid by the applicant to the contractor (This payment exclusive of any site preparation cost).
- h. A written statement signed by the applicant and the contractor stating that all site preparation work has been completed.
- i. A written statement signed by the applicant and the contractor that actual bona fide construction of the proposed project has commenced and the details of such preliminary construction.

- j. A copy of the Proceed to Construction Written Order previously given to the contractor.
2. Good Faith Effort to Obligate Approved Funds
    - a. Document capital expenditure made to date.
    - b. Show evidence that permanent financing has been obtained, if approved capital expenditure has not been obligated.
    - c. If financing has not been obtained, show fund commitment from lending institution or agency.

## **CHAPTER 6 - SUBSEQUENT REVIEWS**

### **100 Changes in Scope of Approved Project**

100.01 Applicants for a CON should clearly understand that if an approved project is changed substantially in scope - in construction, services, or capital expenditure the existing CON is void, and a new CON application is required before the proponent can lawfully proceed further.

### **101 Re-Review of Prior Approved Projects**

101.01 Extenuating circumstances may prevent an applicant from proceeding with the proposed project within the valid period of the approved CON.

The Department has adopted a format for "Prior Approved Projects" that is to be used by proponents of a project when the increase in capital expenditure does not exceed the rate of inflation and no change in the intent or scope of the project has occurred.

This application is to be submitted and reviewed under procedures and criteria set forth in this manual for CON review in compliance with state regulations. To be valid, requests for re-review must be received within 60 days following the expiration of a valid CON. Requests for re-review can be entered only once for the same project.

### **102 Six-Month Extension**

102.01 Certificates of Need are valid for a period not to exceed one year and may be extended by the Department for an additional period not to exceed six months.

If commencement of construction or other preparation is not substantially undertaken during a valid CON period, or if the Department of Health determines the applicant is not making a good faith effort to obligate the approved expenditure, the Department shall have the right to withdraw, revoke, or rescind the certificate.



## 103 Cost Overrun

103.01 Changes in capital expenditure not associated with substantive construction or service changes require application for a cost overrun approval. It is expected that each applicant will accurately and completely represent the cost associated with the project, so that when a CON is issued, a maximum capital expenditure is authorized.

In those cases where the expenditure maximum established by the Certificate of Need is exceeded, the applicant is required to request cost overrun approval. The following procedures shall apply to cost overrun applications.

1. The request for cost overrun shall be made in accordance with the cost overrun format.
  - a. For construction projects, a revised estimate signed by an architect licensed to practice in Mississippi or a contractor authorized by law to do business in Mississippi shall accompany the request for cost overrun. The request shall include a description of the method used to determine the revised cost estimate and the justification for each line item in the budget for which a cost overrun is requested. In addition to the above, a revised capital expenditure budget outlining all costs associated with the project and a copy of any bid quotations will be submitted.
  - b. In cost overrun requests for purchase of capital equipment, an official price quotation from the vendor or the manufacturer is required.
  - c. Cost overrun requests for construction projects shall be compared with national construction cost data as published in the latest edition of Building Construction Cost Data, Robert S. Means Co., Inc., Kingston, Massachusetts, or other bona fide reference.
  - d. Any cost overrun on a construction or a renovation project which locates cost in or above the upper one-fourth range for construction or renovation cost in the U.S. shall require additional documentation to explain the reasons therefore.
  - e. Cost overrun requests which result in part or in whole from the requirement of the licensure and certification authority of the State shall be given special consideration. Appropriate documentation from the licensing and/or certification authority shall be submitted with the request.
  - f. The amount of the fee to be assessed on cost overruns will be calculated at 0.50 x 1% of the additional capital expenditure or \$500, whichever is greater.

However, if the original capital expenditure required the maximum fee of \$25,000 and the cost overrun does not contain a substantial change in construction, renovation, addition of services or purchase of equipment, the minimum fee of \$500 will be required.

2. For any proposal in which the estimated or actual cost exceeds the amount originally approved, a review by the State Health Officer shall be required.

#### 104 **Amendments to Certificates of Need**

104.01 A CON may be amended to reflect changes in the defined scope and/or physical location if said amendment is necessary to be in compliance with licensing laws of the State or for certification under Title XVIII or Title XIX of the Social Security Act. Any such necessity to be in compliance shall be documented in writing from the administrative head of the Health Facilities Licensure and Certification Division.

A CON may be amended when no substantial change exists in construction, service, or capital expenditure when extenuating circumstances or events, as determined by the State Department of Health, inhibit completion of a Certificate of Need as originally presented in final form.

Requests for amendments to CON must be submitted in writing to the Department only during the valid CON period and in the form and detail as may be required by the Department. The minimum CON assessment fee of \$500 is required for applications for CON amendments, provided there is no substantial change in construction or capital expenditure, and normal CON notification is applicable.

**NOTE:** Amendments which result from an additional capital expenditure or a change in scope of project will be reviewed as a separate project and will require an additional fee.

No CON will be amended after the proponent has submitted the final report to the Department indicating completion of the project for which the Certificate of Need was issued, and the State Department of Health has acknowledged in writing the receipt of said final report.

## **CHAPTER 7 - PENALTIES TO ENFORCE REQUIREMENTS OF THE CERTIFICATE OF NEED ACT**

100 Any person or entity violating the provisions of Section 41-4-171 to 41-7-209, Mississippi Code of 1972 Annotated, as amended, by not obtaining a CON, or by deviating from the provisions of a CON, or by refusing or failing to cooperate with the Department in the exercise or execution of its functions, responsibilities, and powers shall be subject to the following:

Revocation of the licensure of a health care facility or a designated section, component, or bed service thereof, or revocation of the license of any other person for which the Department is the licensing authority. If the Department lacks jurisdiction to revoke the license of such person, the State Health Officer shall recommend and show cause to the appropriate licensing agency that such license should be revoked.

Non-licensure by the Department of specific or designated bed service offered by the entity or person.

Non-licensure by the Department where infractions occur concerning the acquisition or control of major medical equipment.

Revoking, rescinding, or withdrawing a CON previously issued.

Violations of Sections 41-7-171 et seq. of Mississippi Code of 1972 Annotated, as amended, or any rules or regulations promulgated in furtherance thereof by intent, fraud, deceit, unlawful design, willful and/or deliberate misrepresentation, or by careless, negligent, or incautious disregard for such statutes or rules and regulations, either by persons acting individually or in concert with others, shall constitute a misdemeanor and shall be punishable by a fine not to exceed \$1,000 for each such offense. Each day of continuing violation shall be considered a separate offense. The venue for prosecution of any such violation shall be in the county of the state wherein any such violation, or portion thereof, occurred.

The Attorney General, upon certification by the State Health Officer, shall seek injunctive relief in a court of proper jurisdiction to prevent violations of Sections 41-7-171 et seq. of Mississippi Code of 1972 Annotated, as amended, or any rules or regulations promulgated in furtherance of these Sections in cases where other administrative penalties and legal sanctions imposed have failed or cause a discontinuance of any such violation.

Major third-party payors, public and private, shall be notified of any violation or infraction under this section and shall be required to take such appropriate punitive action as is provided by law.

## CHAPTER 8 - CRITERIA USED BY STATE DEPARTMENT OF HEALTH FOR EVALUATION OF PROJECTS

### 100 General Considerations

100.01 Projects will be reviewed by the Department as deemed appropriate. Review, evaluation, and determination of whether a CON is to be issued or denied will be based upon the following general considerations and any service specific criteria which are applicable to the project under consideration.

1. **State Health Plan:** The relationship of the health services being reviewed to the applicable State Health Plan.

NOTE: CON applications will be reviewed under the State Health Plan which is in effect at the time the application is received by the Department.

No project may be approved unless it is consistent with the State Health Plan. A project may be denied if the Department determines that the project does not sufficiently meet one or more of the criteria.

2. **Long Range Plan:** The relationship of services reviewed to the long range development plan, if any, of the institution providing or proposing the services.
3. **Availability of Alternatives:** The availability of less costly or more effective alternative methods of providing the service to be offered, expanded or relocated.
4. **Economic Viability:** The immediate and long-term financial feasibility of the proposal, as well as the probable effect of the proposal on the costs and charges for providing health services by the institution or service. Projections should be reasonable and based upon generally accepted accounting procedures.
  - a. The proposed charges should be comparable to those charges established by other facilities for similar services within the service area or state. The applicant should document how the proposed charges were calculated.
  - b. The projected levels of utilization should be reasonably consistent with those experienced by similar facilities in the service area and/or state. In addition, projected levels of utilization should be consistent with the need level of the service area.
  - c. If the capital expenditure of the proposed project is \$2,000,000 or more, the applicant must submit a financial feasibility study prepared

by an accountant, CPA, or the facility's financial officer. The study must include the financial analyst's opinion of the ability of the facility to undertake the obligation and the probable effect of the expenditure on present and future operating costs. In addition, the report must be signed by the preparer.

5. **Need for the Project:** One or more of the following items may be considered in determining whether a need for the project exists:
  - a. The need that the population served or to be served has for the services proposed to be offered or expanded and the extent to which all residents of the area - in particular low income persons, racial and ethnic minorities, women, handicapped persons and other underserved groups, and the elderly - are likely to have access to those services.
  - b. In the case of the relocation of a facility or service, the need that the population presently served has for the service, the extent to which that need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons and other underserved groups, and the elderly, to obtain needed health care.
  - c. The current and projected utilization of like facilities or services within the proposed service area will be considered in determining the need for additional facilities or services. Unless clearly shown otherwise, data where available from the Division of Health Planning and Resource Development shall be considered to be the most reliable data available.
  - d. The probable effect of the proposed facility or service on existing facilities or services providing similar services to those proposed will be considered. When the service area of the proposed facility or service overlaps the service area of an existing facility or service, then the effect on the existing facility or service may be considered. The applicant or interested party must clearly present the methodologies and assumptions upon which any proposed project's impact on utilization in affected facilities or services is calculated. Also, the appropriate and efficient use of existing facilities/services may be considered.
  - e. The community reaction to the facility should be considered. The applicant may choose to submit endorsements from community officials and individuals expressing their reaction to the proposal. If significant opposition to the proposal is expressed in writing or at a public hearing, the opposition may be considered an adverse factor and weighed against endorsements received.

6. **Access to the Facility or Service:** The contribution of the proposed service in meeting the health related needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services (for example, Medicaid eligibles, low income persons, racial and ethnic minorities, women, and handicapped persons), particularly those needs identified in the applicable State Health Plan as deserving priority. For the purpose of determining the extent to which the proposed service will be accessible, the state agency shall consider:
  - a. The extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved and the extent to which medically underserved populations are expected to use the proposed services if approved;
  - b. The applicant's performance in meeting its obligation, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal financial assistance (including the existence of any civil rights access complaints against the applicant);
  - c. The extent to which the unmet needs of Medicare, Medicaid, and medically indigent patients are proposed to be served by the applicant; and
  - d. The extent to which the applicant offers a range of means by which a person will have access to the proposed facility or services.
  
7. **Information Requirement:** The applicants shall affirm in their application that they will record and maintain, at a minimum, the following information regarding charity care, care to the medically indigent, and Medicaid populations and make it available to the Mississippi Department of Health within 15 business days of request:
  - a. Utilization data, e.g., number of indigent, Medicaid, and charity admissions, and inpatient days of care;
  - b. Age, race, sex, zip code and county of origin of patient;
  - c. Cost/charges per patient day and/or cost/charges per procedure, if applicable; and
  - d. Any other data pertaining directly or indirectly to the utilization of services by medically indigent, Medicaid, or charity patients which may be requested, i.e. discharge diagnosis, service provided, etc.

8. **Relationship to Existing Health Care System:** The relationship of the services proposed to be provided to the existing health care system of the area in which the services are proposed to be provided.
9. **Availability of Resources:** The availability of resources (including health personnel, management personnel, and funds for capital and operating needs) for the services proposed to be provided and the need for alternative uses of these resources as identified by the applicable State Health Plan.
  - a. The applicant should have a reasonable plan for the provision of all required staff (physicians, nursing, allied health and support staff, etc.).
  - b. The applicant should demonstrate that sufficient physicians are available to insure proper implementation (e.g., utilization and/or supervision) of the project.
  - c. If the applicant presently owns existing facilities or services, he/she should demonstrate a satisfactory staffing history.
  - d. Alternative uses of resources for the provision of other health services should be identified and considered.
10. **Relationship to Ancillary or Support Services:** The relationship, including the organizational relationship, of the health services proposed to be provided to ancillary or support services.
11. The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.
12. **Access by Health Professional Schools:** If proposed health services are to be available in a limited number of facilities, the extent to which any health professional school in the area will have access to the services for training purposes.
13. Special needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in the health services areas in which the entities are located or in adjacent health service areas. These entities may include medical and other health professional schools, multi-disciplinary clinics, and specialty centers, etc.
14. **Construction Projects:** All construction projects shall be designed and constructed with the objective of maximizing cost containment, protection of the environment, and conservation of energy. The impact of the

construction costs, including financing charges on the cost of providing health care, shall be considered.

- a. Each proposal involving construction shall be accompanied by a cost estimate.
- b. Each proposal which involves construction, modernization, or alteration of the physical plant shall be accompanied by a copy of the schematic drawings.
- c. Space allocations should conform to applicable local, state, or minimum standards. For all projects, state or other applicable licensing standards must be met by the proposal.
- d. For new construction projects, modernization of existing facilities should be considered as an alternative, and the rejection of this alternative by the applicant should be justified.
- e. The cost per square foot will be calculated based on the total project cost, minus cost of land and non-fixed equipment (specialized equipment such as fixed MRI, scanners, etc. are excluded from cost/square foot calculation). The following formulas will be used in calculation of the cost per square foot of projects:

New Construction/Renovation (Prorated Project)

$$\text{Cost/square foot (New Const.)} = \frac{A+C+D+(E+F+G(A\%))*}{\text{New Const. Sq. Ft.}}$$

$$\text{Cost/square foot (Renov.)} = \frac{B+(E+F+G(B\%))**}{\text{Renov. Sq. Ft.}}$$

New Construction (No Renovation Involved)

$$\text{Cost/Square Foot} = \frac{A+C+D+E+F+G}{\text{Sq. Ft.}}$$

Renovation (No New Construction)

$$\text{Cost/Square Foot} = \frac{B+C+E+F+G}{\text{Sq. Ft.}}$$

Where: A = New Construction

B = Renovation

C = Fixed Equipment

D = Site Preparation

E = Fees

F = Contingency

G = Capitalized Interest

\* = A % refers to percentage of sq. ft. allocated to new construction

\*\* = B % refers to percentage of sq. ft. allocated to renovation



15. **Competing Applications:** The factors which influence the outcome of competition on the supply of health services being reviewed. Determination will be made that the entity approved is the most appropriate applicant for providing the proposed health care facility or service. Such determination may be established from the material submitted as to the ability of the person, directly or indirectly, to render adequate service to the public. Additional consideration may be given to how well the proposed provider can meet the criteria of need, access, relationship to existing health care system, availability of resources, and financial feasibility. In addition, the Department may use a variety of statistical methodologies, including but not limited to, "market share analysis," patient origin data, and state agency reports. In the matter of competing applications for nursing facility beds, the Department will conduct a comparative analysis and make a determination based upon a ranking of all competing applications according to the following factors: size of facility; capital expenditure; cost per square foot; cost per bed; staffing; Medicare utilization; total cost to Medicaid; per diem cost to Medicaid; continuum of care services, and community support\*. Each factor shall be assigned an equal weight. The application obtaining the lowest composite score in the ranking will be considered the most appropriate application.

Note: Community support letters submitted by and on behalf of an applicant for a CON for a nursing facility are valid only if signed by individuals who are eighteen (18) years of age or older and who reside in the county in which the proposed nursing facility will be located. In addition, each letter shall contain the name, address, occupation, telephone number of the signee, and certification that he/she is 18 years of age or older.

Any nursing facility applicant, who signs a written agreement to maintain continuous ownership and operation of the proposed nursing facility for a period of not less than three (3) years after initial licensure and who includes said agreement as part of the Certificate of Need application, shall have one point deducted from the total composite score of that application. However, in the event of default on the agreement (selling or leasing said facility in less than three (3) years from initial licensure) by an applicant, the applicant will be penalized by being barred from filing a CON application for a nursing facility for a period of three (3) years from the date of default

16. **Quality of Care:** In the case of existing services or facilities, the quality of care provided by those facilities in the past.

## 101 Supplemental Service-Specific Criteria

101.01 Service-specific criteria have been developed for a number of health services and are contained in the State Health Plan. Applications which propose to develop or expand such services will be measured against the applicable general criteria listed in this section and also against the Service Specific Criteria contained in the State Health Plan and the adopted rules and regulations of the Department. The Supplemental Standards and Criteria shall be used by the Department to determine the need for new acute and long-term care hospital beds, psychiatric and chemical dependency facilities, comprehensive inpatient rehabilitation facilities, facilities for the mentally retarded, ESRD facilities, cardiac catheterization laboratories, open heart surgical services, therapeutic radiation services, diagnostic imaging services, home health services, magnetic resonance imaging services, extracorporeal shockwave lithotripsy services, positron emission tomography services, etc.

## 102 Required Findings on Access

102.01 Findings on access (see Criterion 6 of this chapter) must be included in the written findings of the State Department of Health for each project approved, except where the project is one which was undertaken to eliminate or prevent eminent safety hazards or to comply with certain licensure or accreditation standards regarding life safety codes or regulations, where the project proposes a capital expenditure not directly related to the provision of health services or to beds or major medical equipment, or where the project is proposed by or on behalf of a health care facility which is controlled directly or indirectly by an HMO.

In making its written findings on access, the Department must take into account the current accessibility of the facility as a whole.

The Department may impose a condition that requires the applicant to take affirmative steps to meet access criteria on those projects that were approved but do not meet access criteria.

The Department must state in its written findings if a project is disapproved for failure to meet the need and access criteria.

In any case where the Department finds that a project does not satisfy the criteria for access to traditionally underserved groups, a report of such findings shall be made in writing to the applicant.

## CHAPTER 9 - JUDICIAL RECOURSE

### 100 Appeal of the Decision of the State Health Officer by Aggrieved Party

#### 100.01 Pertaining to a CON for Any Health Care Facility, with the Exception of Home Health Agencies

1. In addition to other remedies now available at law or in equity, any party aggrieved by any such final order of the Department shall have the right of appeal to the Chancery Court of the First Judicial District of Hinds County, Mississippi, which appeal must be filed within 20 days after the date of the final order. Provided, however, that any appeal of an order disapproving an application for such a CON may be made to the Chancery Court of the county where the proposed construction, expansion, or alteration was to be located or the new service or purpose of the capital expenditure was to be located. Such appeal must be filed in accordance with the 20 days for filing as heretofore provided. Any appeal shall state briefly the nature of the proceedings before the Department, shall specify the order complained of and shall contain a designation of the record appealed from made in accordance with these regulations.

Upon the filing of such an appeal, the clerk of the Chancery Court shall serve notice thereof upon the Department, whereupon the State Department of Health shall, within 30 days of the date of the filing of the appeal, certify to the Chancery Court the record in the case, which records shall include a transcript of all testimony, together with all exhibits or copies thereof, all pleading, proceedings, orders, findings, and opinions entered in the case; provided, however, that the parties and the Department may stipulate that a specified portion only of the record shall be certified to the court as the record on appeal.

The Chancery Court gives preference to any such appeal from a final order by the Department in a CON proceeding and shall render a final order regarding such appeal no later than 120 days from the date of the final order by the State Department of Health. If the Chancery Court has not rendered a final order within this 120-day period, then the final order of the Department shall be deemed to have been affirmed by the Chancery Court, and any party to the appeal shall have the right to appeal from the Chancery Court to the Supreme Court on the record certified by the Department as otherwise provided in this Chapter. In the event the chancery court has not rendered a final order within the 120-day period and an appeal is made to the Supreme Court, the Supreme Court shall remand the case to the Chancery Court to make an award of costs, fees, reasonable expenses and attorney's fees incurred in favor of appellee payable by the appellant(s) should the Supreme Court affirm the order of the Department.

Any appeal of a final order by the Department in a CON proceeding shall require the giving of a bond by the appellant(s) sufficient to secure the appellee against the loss of costs, fees, expenses, and attorney's fees incurred in defense of the appeal, approved by the Chancery Court within five days of the date of filing the appeal.

No new or additional evidence shall be introduced in the Chancery Court, but the case shall be determined upon the record certified to the court.

The court may dispose of the appeal in term-time or vacation and may sustain or dismiss the appeal, modify or vacate the order complained of in whole or in part, and make an award of costs, fees, expenses and attorney's fees, as the case may be; but in case the order is wholly or partly vacated, the court may also, in its discretion, remand the matter to the Department for such further proceedings, not inconsistent with the court's order, as, in the opinion of the court, justice may require. The court, as part of the final order, shall make an award of costs, fees, reasonable expenses and attorneys' fees incurred in favor of appellee payable by the appellant(s) should the court affirm the order of the Department. The order shall not be vacated or set aside, either in whole or in part, except for errors of law, unless the court finds that the order of the Department is not supported by substantial evidence, is contrary to the manifest weight of the evidence, is in excess of the statutory authority or jurisdiction of the Department, or violates any vested constitutional rights of any party involved in the appeal. Provided, however, an order of the Chancery Court reversing the denial of a CON by the Department shall not entitle the applicant to effectuate the CON until either:

Such order of the Chancery Court has become final and has been appealed to the Supreme Court; or

The Supreme Court has entered a final order affirming the Chancery Court.

Appeals in accordance with law may be had to the Supreme Court of the State of Mississippi from any final judgment of the Chancery Court.

Within 30 days from the date of a final order by the Supreme Court or a final order of the Chancery Court not appealed to the Supreme Court that modifies or wholly or partly vacates the final order of the State Department of Health granting a CON, the Department shall issue another order in conformity with the final order of the Supreme Court, or the final order of the Chancery Court not appealed to the Supreme Court.

The filing of such appeal from a final order of the Department or the Chancery Court for the issuance of a CON in a CON proceeding shall not stop the purchase of medical equipment or development or offering of

institutional health services granted in a CON issued by the Department. A CON issued by the Department shall take effect immediately upon issuance.

## 101 **Pertaining to a CON for Home Health Agencies**

101.01 In addition to other remedies now available at law or in equity, any party aggrieved by any such final order of the State Department of Health shall have the right of appeal to the Chancery Court of the First Judicial District of Hinds County, Mississippi, which appeal must be filed within 30 days after the date of the final order. Provided, however, that any appeal of an order disapproving an application for such a CON may be made to the Chancery Court of the county where the proposed construction, expansion, or alteration was to be located or the new service or purpose of the capital expenditure was to be located. Such appeal must be filed in accordance with the 30 days for filing as heretofore provided. Any appeal shall state briefly the nature of the proceedings before the Department and shall specify the order complained of. Any person whose rights may be materially affected by the action of the Department may appear and become a party, or the court, may, upon motion, order that any such person, organization, or entity be joined as a necessary party.

Upon the filing of such an appeal, the clerk of the Chancery Court shall serve notice thereof upon the State Department of Health, whereupon the Department shall, within 50 days or within such additional time as the court may by order for cause allow from the service of such notice, certify to the Chancery Court the record in the case, which records shall include a transcript of all testimony, together with all exhibits or copies thereof, all pleading, proceedings, orders, findings, and opinions entered in the case; provided, however, that the parties and the Department may stipulate that a specified portion only of the record shall be certified to the court as the record on appeal.

No new or additional evidence shall be introduced in the Chancery Court, but the case shall be determined upon the record certified to the court.

The court may dispose of the appeal in term time or vacation and may sustain or dismiss the appeal, modify, or vacate the order complained of in whole or in part, as the case may be; but in case the order is wholly or partly vacated, the court may also, in its discretion, remand the matter to the Department for such further proceedings, not inconsistent with the court's order, as, in the opinion of the court, justice may require. The order shall not be vacated or set aside, either in whole or in part, except for errors of law, unless the court finds that the order of the State Department of Health is not supported by substantial evidence, is contrary to the manifest weight of the evidence, is in excess of the statutory authority or jurisdiction of the State Department of Health, or violates any vested constitutional rights of any party involved in the appeal. Provided, however, an order of the Chancery Court reversing the denial of a Certificate of

Need by the State Department of Health shall not entitle the applicant to effectuate the CON until either:

Such order of the Chancery Court has become final and has been appealed to the Supreme Court; or

The Supreme Court has entered a final order affirming the Chancery Court.

Appeals in accordance with law may be had to the Supreme Court of the State of Mississippi from any final judgment of the Chancery Court.

There shall be a "stay of proceedings" of any written decision of the State Department of Health pertaining to a Certificate of Need for a home health agency as defined in Section 41-7-173 (h) (ix), for a period of 30 days from the date of that decision. The stay of proceedings shall expire at the termination of 30 days; however, no license to operate any such home health agency that is the subject of the decision shall be issued by the licensing agency, and no certification for such home health agency to participate in the Title XVIII or Title XIX programs of the Social Security Act shall be granted until all statutory appeals have been exhausted or the time for such appeals has expired.

The stay of proceedings provided for in this section shall not apply to any party appealing any final order of the Department pertaining to a Certificate of Need for any health care facility as defined in Section 41-7-173 (h), with the exception of any home health agency as defined in Section 41-7-173 (h) (ix).

## 102 **Appeal of the Proponent When the Department Fails to Render a Decision in Required Time**

- 102.01 If review by the State Department of Health concerning the issuance of a CON is not complete within the time specified by rule or regulations, which shall not, to the extent practicable, exceed 90 days subsequent to the date of publication of the staff analysis and recommendation, the CON shall not be granted. The proponent of the proposal may, within 30 days after the expiration of the specified time for review, commence such legal action as is necessary in the Chancery Court of the First Judicial District of Hinds County or in the Chancery Court of the county in which the new institutional health service is proposed to be provided to compel the Department to issue written findings and written order approving or disapproving the proposal in question.

# APPENDICES

**APPENDIX 1****Mississippi Department of Health****NOTICE OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**  
(Must be received 30 days prior to submission of a CON application)

1. Facility name, address, county and Zip code.
2. Legal name of applicant organization (Include address, county, ZIP code, if different).
3. Principal agent to contact for this project (Include address, county, zip code and telephone number.)
4. Type of organization (e.g., county-owned, not-for profit, acute care hospital.)
5. Identify any proposed bed changes (increases/decreases) by licensure category.
6. Project Title: \_\_\_\_\_
7. Narrative description of project, including location of new construction, areas involved in repair or renovation, new services being proposed, and/or equipment acquisitions proposed.
8. Provide a brief justification for the project.



## 9. Estimated project costs:

a.	Construction Cost - New	\$ _____
b.	Construction Cost - Renovation	_____
c.	Capital Improvement costs, i.e., minor painting and repairs, refurbishing	_____
d.	Total fixed equipment cost	_____
e.	Total non-fixed equipment costs	_____
f.	Land cost	_____
g.	Site preparation cost	_____
h.	Fees (architectural, consultant, etc.)	_____
i.	Contingency Reserve	_____
j.	Capitalized Interest	_____
k.	Other costs (specify) _____	_____
l.	Total Estimated Project Cost	\$ _____

10. Approximate a) project starting date \_\_\_\_\_  
b) project completion date \_\_\_\_\_

11. Type of review requested: a) Quarterly \_\_\_\_\_  
b) Expedited \_\_\_\_\_  
c) Unknown \_\_\_\_\_

12. Does this project involve correction of code or Licensure deficiencies?

- a) If yes, are all deficiencies corrected by this project?
- b) List any project components which do not involve correction of code or licensure deficiencies.

Submitted by

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (type)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**APPENDIX 2**

**Mississippi State Department of Health  
Division of Health Planning and Resource Development  
Post Office Box 1700  
Jackson, Mississippi 39215-1700**

**Notice of Intent To Change Ownership**

1. Facility name, address, county and ZIP code.
  
2. Purchaser: Indicate contact person (include address, county and ZIP code and telephone number).
  
3. Seller/Lessor: Indicate contact person (include address, county, ZIP code and telephone number if different).
  
4. Type of organization (e.g., county-owned, not-for-profit, acute care hospital).
  
5. Identify any proposed changes in licensed bed capacity, range and/or scope of services.
  
6. Please describe the transaction expected to take place (lease, purchase, etc.).
  
7. Total estimated purchase cost, if applicable      \$ \_\_\_\_\_.
  
8. Total estimated lease cost, if applicable      \$ \_\_\_\_\_.
  
9. Date transaction is expected to take place      \_\_\_\_\_.

10. Please provide the following:

- (a) The proposed (agreed upon) sales contract/lease agreement executed by the principals.
- (b) **NURSING HOMES ONLY.** Certification, from the Division of Medicaid, that no increase in allowable costs to Medicaid will result from revaluation of the assets or from increased interest and depreciation as a result of the proposed change of ownership.

11. Complete and sign the attached Certification page.

**Submitted by**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (type)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

CERTIFICATION

I (we) do solemnly swear or affirm on behalf of \_\_\_\_\_, after diligent research, inquiry and study, that the information and material, contained in this foregoing Notice of Intent to Change Ownership is true, accurate, and correct, to the best of my (our) knowledge and belief. It is understood that the Mississippi state Department of Health and the Division of Medicaid, Office of the Governor, will rely on this information and material in making their decision as to the exemption from Certificate of Need Review, and if it is found that the application contains distorted facts or misrepresentation or does not reveal truth and accuracy, the Department may require Certificate of Need review.

I (we) solemnly swear or affirm that no revision or alteration of the Notice submitted will be made without notifying the Mississippi State Department of Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Facility

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**APPENDIX 3****Mississippi Department of Health****DETERMINATION OF REVIEWABILITY APPLICATION FORM**

1. Title of Project \_\_\_\_\_  
\_\_\_\_\_
2. Facility name, address, county, ZIP code.
3. Legal name and address of applicant, if different from Item 2 above.
4. Principal agent to contact for this project (Include address, county, ZIP code and telephone number).
5. Type of organization (e.g., county-owned, not-for-profit acute care hospital).
6. Provide a brief narrative description of the project, including location of new construction, areas involved in repair or renovation, square feet involved in new construction or renovation, new services being proposed, and/or equipment acquisition proposed.
7. Enclose architect's schematic drawings if new construction or renovation project.
8. If new construction is being developed by entity other than the applicant
  - (a) Identify owners/Board of Directors and enclose charters of incorporation or partnership agreement, etc.
  - (b) Identify tenants that will occupy the building, if applicable.
  - (c) Will the facility share the same parking lot as the hospital.

9. Estimated project cost
- |    |  |          |
|----|--|----------|
| a. | Construction - new and/or renovation                                       | \$ _____ |
| b. | Capital improvements costs, i.e., minor painting and repairs, refurbishing | _____    |
| c. | Equipment Costs (fixed and/or non-fixed)                                   | _____    |
| d. | Land Cost  | _____    |
| e. | Site Preparation Cost  | _____    |
| f. | Installation Costs, if applicable  | _____    |
| g. | Fees (Architectural, consultant, etc.)                                     | _____    |
| h. | Capitalized Interest   | _____    |
| i. | Contingency Reserve  | _____    |
| j. | Other Costs (specify) _____  | _____    |
| k. | Total Estimated Project Costs  | \$ _____ |
10. If the project involves purchase/lease of equipment, provide the following:
- Independent report of the fair market value of major medical equipment, if not new equipment.  
  
Original purchase price of equipment  
Purchase and installation date (s) of equipment  
Depreciation schedule of equipment, and  
Fair market value of equipment.
  - A copy of the proposed vendor contract, including lease amount, if applicable.
  - Assurance that the entity desiring to acquire or otherwise control the equipment is a registered business entity authorized to do business in Mississippi.
  - Name of proposed health care facility or facilities to be served, if mobile or shared unit. Include a copy of proposed vendor service contract.
11. Anticipated purchase and installation date(s) for equipment/service.
12. Provide evidence that the appropriate licensing agency has approved your architectural plans.
13. Provide a construction cost estimate signed by an architect licensed to practice in Mississippi of a contractor authorized to do business in Mississippi.
14. Sign the attached Certification page.

**CERTIFICATION**

STATE OF MISSISSIPPI  
 COUNTY OF \_\_\_\_\_

I (we) do solemnly swear or affirm on behalf of \_\_\_\_\_, after diligent research, inquiry and study, that the information and material, contained in this foregoing application for a Declaratory Ruling is true, accurate, and correct, to the best of my (our) knowledge and belief. I (we) understand that the Mississippi Department of Health will rely on this information and material in making its determination and if it finds that the application contains distorted facts or misrepresentation, the Department may require Certificate of Need review of the project. I (we) will notify the Department should subsequent increases in the cost of any portion of this project cause the capital expenditure to exceed \$1,500,000 for equipment or \$2,000,000 for other than equipment, and will apply for a CON.

It is further understood that this determination ruling is valid for a period of twelve months. If the project is not implemented within the twelve month period, I (we) must request a second ruling by the Department. I (we) understand that if the statute or Plan changes during a twelve month period in which the proposed project is not implemented, the Department will make its determination ruling in accordance with the proposed statute/Plan change.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Name of Facility

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 My Commission Expires

**Mississippi Department of Health****SINGLE SPECIALTY AMBULATORY SURGERY FACILITY**  
**APPLICATION FOR DETERMINATION OF NON-REVIEWABILITY**

1. Type of Specialty: \_\_\_\_\_
  
2. Facility name, address, county, ZIP Code.
  
3. Legal name and address of applicant, if different from Item 2 above.
  
4. Contact person. (Include address, county, ZIP Code, telephone number, and FAX number).
  
5. Provide a brief narrative description of your facility, and the types of services it currently offer. Also identify the type of surgery that will be performed.
  
6. Identify physicians in the group and state which physician(s) will perform surgery.
  
7. Please certify that the surgical procedures performed in this facility will be in compliance with federal and state regulations regarding anesthesia.

**Single Specialty Ambulatory Surgery Facility**  
**Application for Determination of Non-Reviewability**  
**Page 2**

8. Please state the total cost involved in constructing and equipping the facility for the service.



9. The facility must be physically separated from non-surgical activities, as required by the "Interpretative Guidelines and Survey Procedures for Ambulatory Surgical Services". Please certify your compliance with this criterion.
  
10. Please sign the attached certification page.

**CERTIFICATION**

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

I (we) do solemnly swear or affirm on behalf of \_\_\_\_\_, after diligent research, inquiry and study, that the information and material, contained in this foregoing application for a Declaratory Ruling is true, accurate, and correct, to the best of my (our) knowledge and belief. I (we) understand that the Mississippi Department of Health will rely on this information and material in making its determination. If it finds that the application contains distorted facts or misrepresentation, the Department may require Certificate of Need review of the project. I (we) will notify the Department should at any time ownership of the single specialty facility transfer to a hospital or other health care facility, or should the facility seek to operate a dual specialty surgery facility.

It is further understood that this ruling is valid for a period of twelve months. If the project is not implemented within the twelve month period, I (we) must request a second ruling by the Department. I (we) understand that this determination is made in accordance with the Official Attorney General's Opinion dated March 22, 1994. Should that ruling change prior to initiation of the project, I (we) understand that any subsequent ruling will be made in accordance with the revised Opinion.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Title\_\_\_\_\_  
Name of Facility

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public\_\_\_\_\_  
My Commission Expires

#### APPENDIX 4

##### Mississippi Department of Health

#### **GUIDELINES FOR ESTABLISHING A MEDICARE CERTIFIED, DISTINCT PART, PPS-EXCLUDED PSYCHIATRIC UNIT FOR GERIATRIC PSYCHIATRIC PATIENTS IN MISSISSIPPI ACUTE CARE HOSPITALS**

- (1) The proposed geriatric psychiatric unit shall be located in a distinct part of the hospital. A distinct part geriatric psychiatric unit (hereafter referred to as a Geropsych DPU) must be physically separate from other hospital beds not included in the unit, and be operated distinguishably from the rest of the hospital.
- (2) The proposed PPS-excluded Geropsych DPU shall meet all Medicare certification requirements contained in paragraph 3106 of the State Operations Manual. Conjointly, although the beds to be included in the proposed unit will remain licensed as acute care beds, the Geropsych DPU also shall be required to comply with the State's Minimum Standards for the Operation of Psychiatric Hospitals.
- (3) Any hospital which currently has a PPS-exempt psychiatric program will not be eligible for a Geropsych DPU.
- (4) The Geropsych DPU shall not participate in the State Medicaid Program.
- (5) The Geropsych DPU is required to have a medical director, who is a board eligible or board certified psychiatrist, and a full-time head nurse, who is qualified by training or experience in psychiatric nursing.
- (6) A letter requesting a determination of exemption from Certificate of Need review must be submitted to the Division of Health Planning and Resource Development, Mississippi Department of Health. The letter must indicate that the requesting facility will comply with items 1, 2, 4, and 5 above, and state the number of unit beds which will be operated.

Upon receipt of the CON exemption determination, the Division of Health Facilities Licensure and Certification should be contacted for an application for a PPS-excluded Geropsych DPU.

### GENERAL INFORMATION

- (1) The industry standard formula for Geropsych DPU bed need is .5 beds per 1,000 population aged 55+. Using 1993 population projections of the Population Estimates Branch, U.S. Bureau of the Census, the number of persons in Mississippi aged 55 and over is 542,660. Application of the referenced formula yields a probable geriatric psychiatric bed need of 271 for the State.
- (2) Optimum unit size is generally considered to be in the range of 12 to 24 beds.
- (3) In order to realize maximum Medicare cost-based reimbursement, a Geropsych DPU must be certified as a PPS-exempt unit on the anniversary date of a new hospital cost reporting period. This requires that compliance with all certification requirements and required surveys be completed three weeks to a month before said anniversary date.

**Mississippi Department of Health**  
**DISTINCT PART OF HOSPITAL**  
**CERTIFIED AS SKILLED NURSING FACILITY**

Licensed hospitals may be certified for Medicare participation as a Skilled Nursing Facility if the following criteria are met:

- (1) The proposed Skilled Nursing Facility (SNF) beds shall be located in a distinct part of the hospital. A distinct part SNF (DP/SNF) must be physically identifiable and be operated distinguishably from the rest of the institution. It must consist of all beds within that unit such as a separate building, floor, wing or ward. Several rooms at one end of a hall or one side of a corridor may be accepted as distinct part SNF.
- (2) The distinct part SNF shall meet all certification requirements of a Skilled Nursing Facility. Prior to certification, a distinct part SNF entering the program, and/or requiring construction and/or renovation shall comply with all requirements under 42 CFR 483.70, Requirements For States And Long Term Care Facilities, Physical environment, or any successor regulations. The distinct part does not have to meet licensing requirements for a SNF because it meets hospital licensing requirements.
- (3) The distinct part SNF shall not participate in the Medicaid Program.
- (4) Dining and recreation spaces square footage shall be eighteen (18) square feet per licensed bed.
- (5) No more than one distinct part hospital-based SNF or one distinct part hospital-based Nursing Facility per hospital may be certified.

## Mississippi Department of Health

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