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To: Public Health and
Welfare;
Appropriations

SENATE BILL NO. 2679

1 AN ACT TO AMEND SECTION 43-13-117, MISSISSIPPI CODE OF 1972,
2 TO REQUIRE A NURSING FACILITY PREADMISSION SCREENING PROGRAM FOR
3 MEDICAID BENEFICIARIES AND APPLICANTS, TO PROVIDE FOR A
4 PREADMISSION SCREENING TEAM, TO PROVIDE MEDICAID REIMBURSEMENT FOR
5 PREADMISSION SCREENING SERVICES AND TO DELETE THE REQUIREMENT THAT
6 THE DIVISION OF MEDICAID PROVIDE HOME- AND COMMUNITY-BASED
7 SERVICES UNDER A COOPERATIVE AGREEMENT WITH THE DEPARTMENT OF
8 HUMAN SERVICES; TO AMEND SECTION 41-7-191, MISSISSIPPI CODE OF
9 1972, TO AUTHORIZE THE STATE DEPARTMENT OF HEALTH TO ISSUE
10 CERTIFICATES OF NEED DURING EACH OF THE NEXT TWO FISCAL YEARS FOR
11 THE CONSTRUCTION, EXPANSION OR CONVERSION OF NURSING FACILITY BEDS
12 IN EACH COUNTY OF THE STATE HAVING AN ADDITIONAL NURSING BED NEED
13 OF 50 BEDS OR MORE; TO PROVIDE THAT SUCH CERTIFICATES OF NEED
14 SHALL BE ISSUED IN PRIORITY ORDER BEGINNING WITH THE COUNTIES
15 HAVING THE HIGHEST NEED; TO PROVIDE CERTAIN RESTRICTIONS ON THESE
16 CERTIFICATES OF NEED RELATIVE TO PARTICIPATION IN THE MEDICAID
17 PROGRAM; AND FOR RELATED PURPOSES.

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

19 SECTION 1. Section 43-13-117, Mississippi Code of 1972, is
20 amended as follows:

21 43-13-117. Medical assistance as authorized by this article
22 shall include payment of part or all of the costs, at the
23 discretion of the division or its successor, with approval of the
24 Governor, of the following types of care and services rendered to
25 eligible applicants who shall have been determined to be eligible
26 for such care and services, within the limits of state
27 appropriations and federal matching funds:

28 (1) Inpatient hospital services.

29 (a) The division shall allow thirty (30) days of
30 inpatient hospital care annually for all Medicaid recipients;
31 however, before any recipient will be allowed more than fifteen
32 (15) days of inpatient hospital care in any one (1) year, he must
33 obtain prior approval therefor from the division. The division
34 shall be authorized to allow unlimited days in disproportionate

35 hospitals as defined by the division for eligible infants under
36 the age of six (6) years.

37 (b) From and after July 1, 1994, the Executive Director
38 of the Division of Medicaid shall amend the Mississippi Title XIX
39 Inpatient Hospital Reimbursement Plan to remove the occupancy rate
40 penalty from the calculation of the Medicaid Capital Cost
41 Component utilized to determine total hospital costs allocated to
42 the Medicaid Program.

43 (2) Outpatient hospital services. Provided that where the
44 same services are reimbursed as clinic services, the division may
45 revise the rate or methodology of outpatient reimbursement to
46 maintain consistency, efficiency, economy and quality of care.

47 (3) Laboratory and X-ray services.

48 (4) Nursing facility services.

49 (a) The division shall make full payment to nursing
50 facilities for each day, not exceeding thirty-six (36) days per
51 year, that a patient is absent from the facility on home leave.
52 However, before payment may be made for more than eighteen (18)
53 home leave days in a year for a patient, the patient must have
54 written authorization from a physician stating that the patient is
55 physically and mentally able to be away from the facility on home
56 leave. Such authorization must be filed with the division before
57 it will be effective and the authorization shall be effective for
58 three (3) months from the date it is received by the division,
59 unless it is revoked earlier by the physician because of a change
60 in the condition of the patient.

61 (b) From and after July 1, 1993, the division shall
62 implement the integrated case-mix payment and quality monitoring
63 system developed pursuant to Section 43-13-122, which includes the
64 fair rental system for property costs and in which recapture of
65 depreciation is eliminated. The division may revise the
66 reimbursement methodology for the case-mix payment system by
67 reducing payment for hospital leave and therapeutic home leave
68 days to the lowest case-mix category for nursing facilities,
69 modifying the current method of scoring residents so that only
70 services provided at the nursing facility are considered in
71 calculating a facility's per diem, and the division may limit
72 administrative and operating costs, but in no case shall these

73 costs be less than one hundred nine percent (109%) of the median
74 administrative and operating costs for each class of facility, not
75 to exceed the median used to calculate the nursing facility
76 reimbursement for Fiscal Year 1996, to be applied uniformly to all
77 long-term care facilities. This paragraph (b) shall stand
78 repealed on July 1, 1997.

79 (c) From and after July 1, 1997, all state-owned
80 nursing facilities shall be reimbursed on a full reasonable costs
81 basis. From and after July 1, 1997, payments by the division to
82 nursing facilities for return on equity capital shall be made at
83 the rate paid under Medicare (Title XVIII of the Social Security
84 Act), but shall be no less than seven and one-half percent (7.5%)
85 nor greater than ten percent (10%).

86 (d) A Review Board for nursing facilities is
87 established to conduct reviews of the Division of Medicaid's
88 decision in the areas set forth below:

89 (i) Review shall be heard in the following areas:

90 (A) Matters relating to cost reports
91 including, but not limited to, allowable costs and cost
92 adjustments resulting from desk reviews and audits.

93 (B) Matters relating to the Minimum Data Set
94 Plus (MDS +) or successor assessment formats including, but not
95 limited to, audits, classifications and submissions.

96 (ii) The Review Board shall be composed of six (6)
97 members, three (3) having expertise in one (1) of the two (2)
98 areas set forth above and three (3) having expertise in the other
99 area set forth above. Each panel of three (3) shall only review
100 appeals arising in its area of expertise. The members shall be
101 appointed as follows:

102 (A) In each of the areas of expertise defined
103 under subparagraphs (i)(A) and (i)(B), the Executive Director of
104 the Division of Medicaid shall appoint one (1) person chosen from
105 the private sector nursing home industry in the state, which may
106 include independent accountants and consultants serving the

107 industry;

108 (B) In each of the areas of expertise defined
109 under subparagraphs (i)(A) and (i)(B), the Executive Director of
110 the Division of Medicaid shall appoint one (1) person who is
111 employed by the state who does not participate directly in desk
112 reviews or audits of nursing facilities in the two (2) areas of
113 review;

114 (C) The two (2) members appointed by the
115 Executive Director of the Division of Medicaid in each area of
116 expertise shall appoint a third member in the same area of
117 expertise.

118 In the event of a conflict of interest on the part of any
119 Review Board members, the Executive Director of the Division of
120 Medicaid or the other two (2) panel members, as applicable, shall
121 appoint a substitute member for conducting a specific review.

122 (iii) The Review Board panels shall have the power
123 to preserve and enforce order during hearings; to issue subpoenas;
124 to administer oaths; to compel attendance and testimony of
125 witnesses; or to compel the production of books, papers, documents
126 and other evidence; or the taking of depositions before any
127 designated individual competent to administer oaths; to examine
128 witnesses; and to do all things conformable to law that may be
129 necessary to enable it effectively to discharge its duties. The
130 Review Board panels may appoint such person or persons as they
131 shall deem proper to execute and return process in connection
132 therewith.

133 (iv) The Review Board shall promulgate, publish
134 and disseminate to nursing facility providers rules of procedure
135 for the efficient conduct of proceedings, subject to the approval
136 of the Executive Director of the Division of Medicaid and in
137 accordance with federal and state administrative hearing laws and
138 regulations.

139 (v) Proceedings of the Review Board shall be of
140 record.

141 (vi) Appeals to the Review Board shall be in
142 writing and shall set out the issues, a statement of alleged facts
143 and reasons supporting the provider's position. Relevant
144 documents may also be attached. The appeal shall be filed within
145 thirty (30) days from the date the provider is notified of the
146 action being appealed or, if informal review procedures are taken,
147 as provided by administrative regulations of the Division of
148 Medicaid, within thirty (30) days after a decision has been
149 rendered through informal hearing procedures.

150 (vii) The provider shall be notified of the
151 hearing date by certified mail within thirty (30) days from the
152 date the Division of Medicaid receives the request for appeal.
153 Notification of the hearing date shall in no event be less than
154 thirty (30) days before the scheduled hearing date. The appeal
155 may be heard on shorter notice by written agreement between the
156 provider and the Division of Medicaid.

157 (viii) Within thirty (30) days from the date of
158 the hearing, the Review Board panel shall render a written
159 recommendation to the Executive Director of the Division of
160 Medicaid setting forth the issues, findings of fact and applicable
161 law, regulations or provisions.

162 (ix) The Executive Director of the Division of
163 Medicaid shall, upon review of the recommendation, the proceedings
164 and the record, prepare a written decision which shall be mailed
165 to the nursing facility provider no later than twenty (20) days
166 after the submission of the recommendation by the panel. The
167 decision of the executive director is final, subject only to
168 judicial review.

169 (x) Appeals from a final decision shall be made to
170 the Chancery Court of Hinds County. The appeal shall be filed
171 with the court within thirty (30) days from the date the decision
172 of the Executive Director of the Division of Medicaid becomes
173 final.

174 (xi) The action of the Division of Medicaid under

175 review shall be stayed until all administrative proceedings have
176 been exhausted.

177 (xii) Appeals by nursing facility providers
178 involving any issues other than those two (2) specified in
179 subparagraphs (i)(A) and (ii)(B) shall be taken in accordance with
180 the administrative hearing procedures established by the Division
181 of Medicaid.

182 (e) The Division of Medicaid shall develop and
183 implement a nursing facility preadmission screening program for
184 Medicaid beneficiaries and applicants. The nursing facility
185 preadmission screening program shall be conducted by a screening
186 team consisting of two (2) members, with a licensed physician
187 available for consultation. Medicaid certified nursing facilities
188 shall provide an individual who applies for admission to the
189 nursing facility or the individual's parent or guardian, if the
190 individual is not competent, a notification in writing on forms
191 prepared by the division of the following:

192 (i) No Medicaid funds shall be paid for nursing
193 facility care for Medicaid beneficiaries admitted to nursing
194 facilities on or after July 1, 1999, who have failed to
195 participate in the nursing facility preadmission screening
196 program.

197 (ii) The nursing facility preadmission screening
198 program consists of an assessment of the applicant's need for care
199 in a nursing facility made by a team of individuals familiar with
200 the needs of individuals seeking admissions to nursing facilities.

201 Placement in a nursing facility may not be denied by the
202 screening team if any of the following conditions exist:

203 (i) Community services that would be more
204 appropriate than care in a nursing facility are not actually
205 available;

206 (ii) The applicant chooses not to receive the
207 appropriate community service.

208 An applicant aggrieved by a determination of the screening

209 team may appeal the determination under rules and procedures
210 adopted by the division.

211 The division shall make full payment for nursing facility
212 preadmission screening team services.

213 The division shall apply for necessary federal waivers to
214 assure that additional services providing alternatives to
215 institutionalization are made available to applicants for nursing
216 facility care.

217 The division shall coordinate pre-admission screening to
218 avoid duplication with hospital discharge planning procedures and
219 with screening by local area agencies on aging.

220 (f) When a facility of a category that does not require
221 a certificate of need for construction and that could not be
222 eligible for Medicaid reimbursement is constructed to nursing
223 facility specifications for licensure and certification, and the
224 facility is subsequently converted to a nursing facility pursuant
225 to a certificate of need that authorizes conversion only and the
226 applicant for the certificate of need was assessed an application
227 review fee based on capital expenditures incurred in constructing
228 the facility, the division shall allow reimbursement for capital
229 expenditures necessary for construction of the facility that were
230 incurred within the twenty-four (24) consecutive calendar months
231 immediately preceding the date that the certificate of need
232 authorizing such conversion was issued, to the same extent that
233 reimbursement would be allowed for construction of a new nursing
234 facility pursuant to a certificate of need that authorizes such
235 construction. The reimbursement authorized in this subparagraph
236 (f) may be made only to facilities the construction of which was
237 completed after June 30, 1989. Before the division shall be
238 authorized to make the reimbursement authorized in this
239 subparagraph (f), the division first must have received approval
240 from the Health Care Financing Administration of the United States
241 Department of Health and Human Services of the change in the state
242 Medicaid plan providing for such reimbursement.

243 (5) Periodic screening and diagnostic services for
244 individuals under age twenty-one (21) years as are needed to
245 identify physical and mental defects and to provide health care
246 treatment and other measures designed to correct or ameliorate
247 defects and physical and mental illness and conditions discovered
248 by the screening services regardless of whether these services are
249 included in the state plan. The division may include in its
250 periodic screening and diagnostic program those discretionary
251 services authorized under the federal regulations adopted to
252 implement Title XIX of the federal Social Security Act, as
253 amended. The division, in obtaining physical therapy services,
254 occupational therapy services, and services for individuals with
255 speech, hearing and language disorders, may enter into a
256 cooperative agreement with the State Department of Education for
257 the provision of such services to handicapped students by public
258 school districts using state funds which are provided from the
259 appropriation to the Department of Education to obtain federal
260 matching funds through the division. The division, in obtaining
261 medical and psychological evaluations for children in the custody
262 of the State Department of Human Services may enter into a
263 cooperative agreement with the State Department of Human Services
264 for the provision of such services using state funds which are
265 provided from the appropriation to the Department of Human
266 Services to obtain federal matching funds through the division.

267 On July 1, 1993, all fees for periodic screening and
268 diagnostic services under this paragraph (5) shall be increased by
269 twenty-five percent (25%) of the reimbursement rate in effect on
270 June 30, 1993.

271 (6) Physicians' services. On January 1, 1996, all fees for
272 physicians' services shall be reimbursed at seventy percent (70%)
273 of the rate established on January 1, 1994, under Medicare (Title
274 XVIII of the Social Security Act), as amended, and the division
275 may adjust the physicians' reimbursement schedule to reflect the
276 differences in relative value between Medicaid and Medicare.

277 (7) (a) Home health services for eligible persons, not to
278 exceed in cost the prevailing cost of nursing facility services,
279 not to exceed sixty (60) visits per year.

280 (b) The division may revise reimbursement for home
281 health services in order to establish equity between reimbursement
282 for home health services and reimbursement for institutional
283 services within the Medicaid program. This paragraph (b) shall
284 stand repealed on July 1, 1997.

285 (8) Emergency medical transportation services. On January
286 1, 1994, emergency medical transportation services shall be
287 reimbursed at seventy percent (70%) of the rate established under
288 Medicare (Title XVIII of the Social Security Act), as amended.
289 "Emergency medical transportation services" shall mean, but shall
290 not be limited to, the following services by a properly permitted
291 ambulance operated by a properly licensed provider in accordance
292 with the Emergency Medical Services Act of 1974 (Section 41-59-1
293 et seq.): (i) basic life support, (ii) advanced life support,
294 (iii) mileage, (iv) oxygen, (v) intravenous fluids, (vi)
295 disposable supplies, (vii) similar services.

296 (9) Legend and other drugs as may be determined by the
297 division. The division may implement a program of prior approval
298 for drugs to the extent permitted by law. Payment by the division
299 for covered multiple source drugs shall be limited to the lower of
300 the upper limits established and published by the Health Care
301 Financing Administration (HCFA) plus a dispensing fee of Four
302 Dollars and Ninety-one Cents (\$4.91), or the estimated acquisition
303 cost (EAC) as determined by the division plus a dispensing fee of
304 Four Dollars and Ninety-one Cents (\$4.91), or the providers' usual
305 and customary charge to the general public. The division shall
306 allow five (5) prescriptions per month for noninstitutionalized
307 Medicaid recipients.

308 Payment for other covered drugs, other than multiple source
309 drugs with HCFA upper limits, shall not exceed the lower of the
310 estimated acquisition cost as determined by the division plus a

311 dispensing fee of Four Dollars and Ninety-one Cents (\$4.91) or the
312 providers' usual and customary charge to the general public.

313 Payment for nonlegend or over-the-counter drugs covered on
314 the division's formulary shall be reimbursed at the lower of the
315 division's estimated shelf price or the providers' usual and
316 customary charge to the general public. No dispensing fee shall
317 be paid.

318 The division shall develop and implement a program of payment
319 for additional pharmacist services, with payment to be based on
320 demonstrated savings, but in no case shall the total payment
321 exceed twice the amount of the dispensing fee.

322 As used in this paragraph (9), "estimated acquisition cost"
323 means the division's best estimate of what price providers
324 generally are paying for a drug in the package size that providers
325 buy most frequently. Product selection shall be made in
326 compliance with existing state law; however, the division may
327 reimburse as if the prescription had been filled under the generic
328 name. The division may provide otherwise in the case of specified
329 drugs when the consensus of competent medical advice is that
330 trademarked drugs are substantially more effective.

331 (10) Dental care that is an adjunct to treatment of an acute
332 medical or surgical condition; services of oral surgeons and
333 dentists in connection with surgery related to the jaw or any
334 structure contiguous to the jaw or the reduction of any fracture
335 of the jaw or any facial bone; and emergency dental extractions
336 and treatment related thereto. On January 1, 1994, all fees for
337 dental care and surgery under authority of this paragraph (10)
338 shall be increased by twenty percent (20%) of the reimbursement
339 rate as provided in the Dental Services Provider Manual in effect
340 on December 31, 1993.

341 (11) Eyeglasses necessitated by reason of eye surgery, and
342 as prescribed by a physician skilled in diseases of the eye or an
343 optometrist, whichever the patient may select.

344 (12) Intermediate care facility services.

345 (a) The division shall make full payment to all
346 intermediate care facilities for the mentally retarded for each
347 day, not exceeding thirty-six (36) days per year, that a patient
348 is absent from the facility on home leave. However, before
349 payment may be made for more than eighteen (18) home leave days in
350 a year for a patient, the patient must have written authorization
351 from a physician stating that the patient is physically and
352 mentally able to be away from the facility on home leave. Such
353 authorization must be filed with the division before it will be
354 effective, and the authorization shall be effective for three (3)
355 months from the date it is received by the division, unless it is
356 revoked earlier by the physician because of a change in the
357 condition of the patient.

358 (b) All state-owned intermediate care facilities for
359 the mentally retarded shall be reimbursed on a full reasonable
360 cost basis.

361 (13) Family planning services, including drugs, supplies and
362 devices, when such services are under the supervision of a
363 physician.

364 (14) Clinic services. Such diagnostic, preventive,
365 therapeutic, rehabilitative or palliative services furnished to an
366 outpatient by or under the supervision of a physician or dentist
367 in a facility which is not a part of a hospital but which is
368 organized and operated to provide medical care to outpatients.
369 Clinic services shall include any services reimbursed as
370 outpatient hospital services which may be rendered in such a
371 facility, including those that become so after July 1, 1991. On
372 January 1, 1994, all fees for physicians' services reimbursed
373 under authority of this paragraph (14) shall be reimbursed at
374 seventy percent (70%) of the rate established on January 1, 1993,
375 under Medicare (Title XVIII of the Social Security Act), as
376 amended, or the amount that would have been paid under the
377 division's fee schedule that was in effect on December 31, 1993,
378 whichever is greater, and the division may adjust the physicians'

379 reimbursement schedule to reflect the differences in relative
380 value between Medicaid and Medicare. However, on January 1, 1994,
381 the division may increase any fee for physicians' services in the
382 division's fee schedule on December 31, 1993, that was greater
383 than seventy percent (70%) of the rate established under Medicare
384 by no more than ten percent (10%). On January 1, 1994, all fees
385 for dentists' services reimbursed under authority of this
386 paragraph (14) shall be increased by twenty percent (20%) of the
387 reimbursement rate as provided in the Dental Services Provider
388 Manual in effect on December 31, 1993.

389 (15) Home- and community-based services, as provided under
390 Title XIX of the federal Social Security Act, as amended, under
391 waivers, subject to the availability of funds specifically
392 appropriated therefor by the Legislature. Payment for such
393 services shall be limited to individuals who would be eligible for
394 and would otherwise require the level of care provided in a
395 nursing facility. The home- and community-based services
396 authorized under this paragraph shall be expanded to four thousand
397 four hundred (4,400) recipients over a five-year period beginning
398 July 1, 1999. The division shall certify case management agencies
399 to provide case management services and provide for home- and
400 community-based services for eligible individuals under this
401 paragraph. The home- and community-based services under this
402 paragraph and the activities performed by certified case
403 management agencies under this paragraph shall be funded using
404 state funds that are provided from the appropriation to the
405 Division of Medicaid and used to match federal funds * * *.

406 (16) Mental health services. Approved therapeutic and case
407 management services provided by (a) an approved regional mental
408 health/retardation center established under Sections 41-19-31
409 through 41-19-39, or by another community mental health service
410 provider meeting the requirements of the Department of Mental
411 Health to be an approved mental health/retardation center if
412 determined necessary by the Department of Mental Health, using

413 state funds which are provided from the appropriation to the State
414 Department of Mental Health and used to match federal funds under
415 a cooperative agreement between the division and the department,
416 or (b) a facility which is certified by the State Department of
417 Mental Health to provide therapeutic and case management services,
418 to be reimbursed on a fee for service basis. Any such services
419 provided by a facility described in paragraph (b) must have the
420 prior approval of the division to be reimbursable under this
421 section. After June 30, 1997, mental health services provided by
422 regional mental health/retardation centers established under
423 Sections 41-19-31 through 41-19-39, or by hospitals as defined in
424 Section 41-9-3(a) and/or their subsidiaries and divisions, or by
425 psychiatric residential treatment facilities as defined in Section
426 43-11-1, or by another community mental health service provider
427 meeting the requirements of the Department of Mental Health to be
428 an approved mental health/retardation center if determined
429 necessary by the Department of Mental Health, shall not be
430 included in or provided under any capitated managed care pilot
431 program provided for under paragraph (24) of this section.

432 (17) Durable medical equipment services and medical supplies
433 restricted to patients receiving home health services unless
434 waived on an individual basis by the division. The division shall
435 not expend more than Three Hundred Thousand Dollars (\$300,000.00)
436 of state funds annually to pay for medical supplies authorized
437 under this paragraph.

438 (18) Notwithstanding any other provision of this section to
439 the contrary, the division shall make additional reimbursement to
440 hospitals which serve a disproportionate share of low-income
441 patients and which meet the federal requirements for such payments
442 as provided in Section 1923 of the federal Social Security Act and
443 any applicable regulations.

444 (19) (a) Perinatal risk management services. The division
445 shall promulgate regulations to be effective from and after
446 October 1, 1988, to establish a comprehensive perinatal system for

447 risk assessment of all pregnant and infant Medicaid recipients and
448 for management, education and follow-up for those who are
449 determined to be at risk. Services to be performed include case
450 management, nutrition assessment/counseling, psychosocial
451 assessment/counseling and health education. The division shall
452 set reimbursement rates for providers in conjunction with the
453 State Department of Health.

454 (b) Early intervention system services. The division
455 shall cooperate with the State Department of Health, acting as
456 lead agency, in the development and implementation of a statewide
457 system of delivery of early intervention services, pursuant to
458 Part H of the Individuals with Disabilities Education Act (IDEA).

459 The State Department of Health shall certify annually in writing
460 to the director of the division the dollar amount of state early
461 intervention funds available which shall be utilized as a
462 certified match for Medicaid matching funds. Those funds then
463 shall be used to provide expanded targeted case management
464 services for Medicaid eligible children with special needs who are
465 eligible for the state's early intervention system.

466 Qualifications for persons providing service coordination shall be
467 determined by the State Department of Health and the Division of
468 Medicaid.

469 (20) Home- and community-based services for physically
470 disabled approved services as allowed by a waiver from the U.S.
471 Department of Health and Human Services for home- and
472 community-based services for physically disabled people using
473 state funds which are provided from the appropriation to the State
474 Department of Rehabilitation Services and used to match federal
475 funds under a cooperative agreement between the division and the
476 department, provided that funds for these services are
477 specifically appropriated to the Department of Rehabilitation
478 Services.

479 (21) Nurse practitioner services. Services furnished by a
480 registered nurse who is licensed and certified by the Mississippi

481 Board of Nursing as a nurse practitioner including, but not
482 limited to, nurse anesthetists, nurse midwives, family nurse
483 practitioners, family planning nurse practitioners, pediatric
484 nurse practitioners, obstetrics-gynecology nurse practitioners and
485 neonatal nurse practitioners, under regulations adopted by the
486 division. Reimbursement for such services shall not exceed ninety
487 percent (90%) of the reimbursement rate for comparable services
488 rendered by a physician.

489 (22) Ambulatory services delivered in federally qualified
490 health centers and in clinics of the local health departments of
491 the State Department of Health for individuals eligible for
492 medical assistance under this article based on reasonable costs as
493 determined by the division.

494 (23) Inpatient psychiatric services. Inpatient psychiatric
495 services to be determined by the division for recipients under age
496 twenty-one (21) which are provided under the direction of a
497 physician in an inpatient program in a licensed acute care
498 psychiatric facility or in a licensed psychiatric residential
499 treatment facility, before the recipient reaches age twenty-one
500 (21) or, if the recipient was receiving the services immediately
501 before he reached age twenty-one (21), before the earlier of the
502 date he no longer requires the services or the date he reaches age
503 twenty-two (22), as provided by federal regulations. Recipients
504 shall be allowed forty-five (45) days per year of psychiatric
505 services provided in acute care psychiatric facilities, and shall
506 be allowed unlimited days of psychiatric services provided in
507 licensed psychiatric residential treatment facilities.

508 (24) Managed care services in a program to be developed by
509 the division by a public or private provider. Notwithstanding any
510 other provision in this article to the contrary, the division
511 shall establish rates of reimbursement to providers rendering care
512 and services authorized under this section, and may revise such
513 rates of reimbursement without amendment to this section by the
514 Legislature for the purpose of achieving effective and accessible

515 health services, and for responsible containment of costs. This
516 shall include, but not be limited to, one (1) module of capitated
517 managed care in a rural area, and one (1) module of capitated
518 managed care in an urban area.

519 (25) Birthing center services.

520 (26) Hospice care. As used in this paragraph, the term
521 "hospice care" means a coordinated program of active professional
522 medical attention within the home and outpatient and inpatient
523 care which treats the terminally ill patient and family as a unit,
524 employing a medically directed interdisciplinary team. The
525 program provides relief of severe pain or other physical symptoms
526 and supportive care to meet the special needs arising out of
527 physical, psychological, spiritual, social and economic stresses
528 which are experienced during the final stages of illness and
529 during dying and bereavement and meets the Medicare requirements
530 for participation as a hospice as provided in 42 CFR Part 418.

531 (27) Group health plan premiums and cost sharing if it is
532 cost effective as defined by the Secretary of Health and Human
533 Services.

534 (28) Other health insurance premiums which are cost
535 effective as defined by the Secretary of Health and Human
536 Services. Medicare eligible must have Medicare Part B before
537 other insurance premiums can be paid.

538 (29) The Division of Medicaid may apply for a waiver from
539 the Department of Health and Human Services for home- and
540 community-based services for developmentally disabled people using
541 state funds which are provided from the appropriation to the State
542 Department of Mental Health and used to match federal funds under
543 a cooperative agreement between the division and the department,
544 provided that funds for these services are specifically
545 appropriated to the Department of Mental Health.

546 (30) Pediatric skilled nursing services for eligible persons
547 under twenty-one (21) years of age.

548 (31) Targeted case management services for children with

549 special needs, under waivers from the U.S. Department of Health
550 and Human Services, using state funds that are provided from the
551 appropriation to the Mississippi Department of Human Services and
552 used to match federal funds under a cooperative agreement between
553 the division and the department.

554 (32) Care and services provided in Christian Science
555 Sanatoria operated by or listed and certified by The First Church
556 of Christ Scientist, Boston, Massachusetts, rendered in connection
557 with treatment by prayer or spiritual means to the extent that
558 such services are subject to reimbursement under Section 1903 of
559 the Social Security Act.

560 (33) Podiatrist services.

561 (34) Personal care services provided in a pilot program to
562 not more than forty (40) residents at a location or locations to
563 be determined by the division and delivered by individuals
564 qualified to provide such services, as allowed by waivers under
565 Title XIX of the Social Security Act, as amended. The division
566 shall not expend more than Three Hundred Thousand Dollars
567 (\$300,000.00) annually to provide such personal care services.
568 The division shall develop recommendations for the effective
569 regulation of any facilities that would provide personal care
570 services which may become eligible for Medicaid reimbursement
571 under this section, and shall present such recommendations with
572 any proposed legislation to the 1996 Regular Session of the
573 Legislature on or before January 1, 1996.

574 (35) Services and activities authorized in Sections
575 43-27-101 and 43-27-103, using state funds that are provided from
576 the appropriation to the State Department of Human Services and
577 used to match federal funds under a cooperative agreement between
578 the division and the department.

579 (36) Nonemergency transportation services for
580 Medicaid-eligible persons, to be provided by the Department of
581 Human Services. The division may contract with additional
582 entities to administer nonemergency transportation services as it

583 deems necessary. All providers shall have a valid driver's
584 license, vehicle inspection sticker and a standard liability
585 insurance policy covering the vehicle.

586 (37) Targeted case management services for individuals with
587 chronic diseases, with expanded eligibility to cover services to
588 uninsured recipients, on a pilot program basis. This paragraph
589 (37) shall be contingent upon continued receipt of special funds
590 from the Health Care Financing Authority and private foundations
591 who have granted funds for planning these services. No funding
592 for these services shall be provided from State General Funds.

593 (38) Chiropractic services: a chiropractor's manual
594 manipulation of the spine to correct a subluxation, if x-ray
595 demonstrates that a subluxation exists and if the subluxation has
596 resulted in a neuromusculoskeletal condition for which
597 manipulation is appropriate treatment. Reimbursement for
598 chiropractic services shall not exceed Seven Hundred Dollars
599 (\$700.00) per year per recipient.

600 Notwithstanding any provision of this article, except as
601 authorized in the following paragraph and in Section 43-13-139,
602 neither (a) the limitations on quantity or frequency of use of or
603 the fees or charges for any of the care or services available to
604 recipients under this section, nor (b) the payments or rates of
605 reimbursement to providers rendering care or services authorized
606 under this section to recipients, may be increased, decreased or
607 otherwise changed from the levels in effect on July 1, 1986,
608 unless such is authorized by an amendment to this section by the
609 Legislature. However, the restriction in this paragraph shall not
610 prevent the division from changing the payments or rates of
611 reimbursement to providers without an amendment to this section
612 whenever such changes are required by federal law or regulation,
613 or whenever such changes are necessary to correct administrative
614 errors or omissions in calculating such payments or rates of
615 reimbursement.

616 Notwithstanding any provision of this article, no new groups

617 or categories of recipients and new types of care and services may
618 be added without enabling legislation from the Mississippi
619 Legislature, except that the division may authorize such changes
620 without enabling legislation when such addition of recipients or
621 services is ordered by a court of proper authority. The director
622 shall keep the Governor advised on a timely basis of the funds
623 available for expenditure and the projected expenditures. In the
624 event current or projected expenditures can be reasonably
625 anticipated to exceed the amounts appropriated for any fiscal
626 year, the Governor, after consultation with the director, shall
627 discontinue any or all of the payment of the types of care and
628 services as provided herein which are deemed to be optional
629 services under Title XIX of the federal Social Security Act, as
630 amended, for any period necessary to not exceed appropriated
631 funds, and when necessary shall institute any other cost
632 containment measures on any program or programs authorized under
633 the article to the extent allowed under the federal law governing
634 such program or programs, it being the intent of the Legislature
635 that expenditures during any fiscal year shall not exceed the
636 amounts appropriated for such fiscal year.

637 SECTION 2. Section 41-7-191, Mississippi Code of 1972, is
638 amended as follows:

639 41-7-191. (1) No person shall engage in any of the
640 following activities without obtaining the required certificate of
641 need:

642 (a) The construction, development or other
643 establishment of a new health care facility;

644 (b) The relocation of a health care facility or portion
645 thereof, or major medical equipment;

646 (c) A change over a period of two (2) years' time, as
647 established by the State Department of Health, in existing bed
648 complement through the addition of more than ten (10) beds or more
649 than ten percent (10%) of the total bed capacity of a designated
650 licensed category or subcategory of any health care facility,

651 whichever is less, from one physical facility or site to another;
652 the conversion over a period of two (2) years' time, as
653 established by the State Department of Health, of existing bed
654 complement of more than ten (10) beds or more than ten percent
655 (10%) of the total bed capacity of a designated licensed category
656 or subcategory of any such health care facility, whichever is
657 less; or the alteration, modernizing or refurbishing of any unit
658 or department wherein such beds may be located; provided, however,
659 that from and after July 1, 1994, no health care facility shall be
660 authorized to add any beds or convert any beds to another category
661 of beds without a certificate of need under the authority of
662 subsection (1)(c) of this section unless there is a projected need
663 for such beds in the planning district in which the facility is
664 located, as reported in the most current State Health Plan;

665 (d) Offering of the following health services if those
666 services have not been provided on a regular basis by the proposed
667 provider of such services within the period of twelve (12) months
668 prior to the time such services would be offered:

- 669 (i) Open heart surgery services;
- 670 (ii) Cardiac catheterization services;
- 671 (iii) Comprehensive inpatient rehabilitation
672 services;
- 673 (iv) Licensed psychiatric services;
- 674 (v) Licensed chemical dependency services;
- 675 (vi) Radiation therapy services;
- 676 (vii) Diagnostic imaging services of an invasive
677 nature, i.e. invasive digital angiography;
- 678 (viii) Nursing home care as defined in
679 subparagraphs (iv), (vi) and (viii) of Section 41-7-173(h);
- 680 (ix) Home health services;
- 681 (x) Swing-bed services;
- 682 (xi) Ambulatory surgical services;
- 683 (xii) Magnetic resonance imaging services;
- 684 (xiii) Extracorporeal shock wave lithotripsy

685 services;

686 (xiv) Long-term care hospital services;

687 (xv) Positron Emission Tomography (PET) Services;

688 (e) The relocation of one or more health services from
689 one physical facility or site to another physical facility or
690 site, unless such relocation, which does not involve a capital
691 expenditure by or on behalf of a health care facility, is the
692 result of an order of a court of appropriate jurisdiction or a
693 result of pending litigation in such court, or by order of the
694 State Department of Health, or by order of any other agency or
695 legal entity of the state, the federal government, or any
696 political subdivision of either, whose order is also approved by
697 the State Department of Health;

698 (f) The acquisition or otherwise control of any major
699 medical equipment for the provision of medical services; provided,
700 however, that the acquisition of any major medical equipment used
701 only for research purposes shall be exempt from this paragraph; an
702 acquisition for less than fair market value must be reviewed, if
703 the acquisition at fair market value would be subject to review;

704 (g) Changes of ownership of existing health care
705 facilities in which a notice of intent is not filed with the State
706 Department of Health at least thirty (30) days prior to the date
707 such change of ownership occurs, or a change in services or bed
708 capacity as prescribed in paragraph (c) or (d) of this subsection
709 as a result of the change of ownership; an acquisition for less
710 than fair market value must be reviewed, if the acquisition at
711 fair market value would be subject to review;

712 (h) The change of ownership of any health care facility
713 defined in subparagraphs (iv), (vi) and (viii) of Section
714 41-7-173(h), in which a notice of intent as described in paragraph
715 (g) has not been filed and if the Executive Director, Division of
716 Medicaid, Office of the Governor, has not certified in writing
717 that there will be no increase in allowable costs to Medicaid from
718 revaluation of the assets or from increased interest and

719 depreciation as a result of the proposed change of ownership;

720 (i) Any activity described in paragraphs (a) through
721 (h) if undertaken by any person if that same activity would
722 require certificate of need approval if undertaken by a health
723 care facility;

724 (j) Any capital expenditure or deferred capital
725 expenditure by or on behalf of a health care facility not covered
726 by paragraphs (a) through (h);

727 (k) The contracting of a health care facility as
728 defined in subparagraphs (i) through (viii) of Section 41-7-173(h)
729 to establish a home office, subunit, or branch office in the space
730 operated as a health care facility through a formal arrangement
731 with an existing health care facility as defined in subparagraph
732 (ix) of Section 41-7-173(h).

733 (2) The State Department of Health shall not grant approval
734 for or issue a certificate of need to any person proposing the new
735 construction of, addition to, or expansion of any health care
736 facility defined in subparagraphs (iv) (skilled nursing facility)
737 and (vi) (intermediate care facility) of Section 41-7-173(h) or
738 the conversion of vacant hospital beds to provide skilled or
739 intermediate nursing home care, except as hereinafter authorized:

740 (a) The total number of nursing home beds as defined in
741 subparagraphs (iv) and (vi) of Section 41-7-173(h) which may be
742 authorized by such certificates of need issued during the period
743 beginning on July 1, 1989, and ending on June 30, 1999, shall not
744 exceed one thousand four hundred seventy (1,470) beds. The number
745 of nursing home beds authorized under paragraphs (z), (cc), (dd),
746 (ee), * * * (ff) and (gg) of this subsection (2) shall not be
747 counted in the limit on the total number of beds provided for in
748 this paragraph (a).

749 (b) The department may issue a certificate of need to
750 any of the hospitals in the state which have a distinct part
751 component of the hospital that was constructed for extended care
752 use (nursing home care) but is not currently licensed to provide

753 nursing home care, which certificate of need will authorize the
754 distinct part component to be operated to provide nursing home
755 care after a license is obtained. The six (6) hospitals which
756 currently have these distinct part components and which are
757 eligible for a certificate of need under this section are:
758 Webster General Hospital in Webster County, Tippah County General
759 Hospital in Tippah County, Tishomingo County Hospital in
760 Tishomingo County, North Sunflower County Hospital in Sunflower
761 County, H.C. Watkins Hospital in Clarke County and Northwest
762 Regional Medical Center in Coahoma County. Because the facilities
763 to be considered currently exist and no new construction is
764 required, the provision of Section 41-7-193(1) regarding
765 substantial compliance with the projection of need as reported in
766 the 1989 State Health Plan is waived. The total number of nursing
767 home care beds that may be authorized by certificates of need
768 issued under this paragraph shall not exceed one hundred
769 fifty-four (154) beds.

770 (c) The department may issue a certificate of need to
771 any person proposing the new construction of any health care
772 facility defined in subparagraphs (iv) and (vi) of Section
773 41-7-173(h) as part of a life care retirement facility, in any
774 county bordering on the Gulf of Mexico in which is located a
775 National Aeronautics and Space Administration facility, not to
776 exceed forty (40) beds, provided that the owner of the health care
777 facility on July 1, 1994, agrees in writing that no more than
778 twenty (20) of the beds in the health care facility will be
779 certified for participation in the Medicaid program (Section
780 43-13-101 et seq.), and that no claim will be submitted for
781 Medicaid reimbursement for more than twenty (20) patients in the
782 health care facility in any day or for any patient in the health
783 care facility who is in a bed that is not Medicaid-certified.
784 This written agreement by the owner of the health care facility on
785 July 1, 1994, shall be fully binding on any subsequent owner of
786 the health care facility if the ownership of the health care

787 facility is transferred at any time after July 1, 1994. After
788 this written agreement is executed, the Division of Medicaid and
789 the State Department of Health shall not certify more than twenty
790 (20) of the beds in the health care facility for participation in
791 the Medicaid program. If the health care facility violates the
792 terms of the written agreement by admitting or keeping in the
793 health care facility on a regular or continuing basis more than
794 twenty (20) patients who are participating in the Medicaid
795 program, the State Department of Health shall revoke the license
796 of the health care facility, at the time that the department
797 determines, after a hearing complying with due process, that the
798 health care facility has violated the terms of the written
799 agreement as provided in this paragraph.

800 (d) The department may issue a certificate of need for
801 the conversion of existing beds in a county district hospital or
802 in a personal care home in Holmes County to provide nursing home
803 care in the county. Because the facilities to be considered
804 currently exist, no new construction shall be authorized by such
805 certificate of need. Because the facilities to be considered
806 currently exist and no new construction is required, the provision
807 of Section 41-7-193(1) regarding substantial compliance with the
808 projection of need as reported in the 1989 State Health Plan is
809 waived. The total number of nursing home care beds that may be
810 authorized by any certificate of need issued under this paragraph
811 shall not exceed sixty (60) beds.

812 (e) The department may issue a certificate of need for
813 the conversion of existing hospital beds to provide nursing home
814 care in a county hospital in Jasper County that has its own
815 licensed nursing home located adjacent to the hospital. The total
816 number of nursing home care beds that may be authorized by any
817 certificate of need issued under this paragraph shall not exceed
818 twenty (20) beds.

819 (f) The department may issue a certificate of need for
820 the conversion of existing hospital beds in a hospital in Calhoun

821 County to provide nursing home care in the county. The total
822 number of nursing home care beds that may be authorized by any
823 certificate of need issued under this paragraph shall not exceed
824 twenty (20) beds.

825 (g) The department may issue a certificate of need for
826 the conversion of existing hospital beds to provide nursing home
827 care, not to exceed twenty-five (25) beds, in George County.

828 (h) Provided all criteria specified in the 1989 State
829 Health Plan are met and the proposed nursing home is within no
830 more than a fifteen-minute transportation time to an existing
831 hospital, the department may issue a certificate of need for the
832 construction of one (1) sixty-bed nursing home in Benton County.

833 (i) The department may issue a certificate of need to
834 provide nursing home care in Neshoba County, not to exceed a total
835 of twenty (20) beds. The provision of Section 41-7-193(1)
836 regarding substantial compliance with the projection of need as
837 reported in the current State Health Plan is waived for the
838 purposes of this paragraph.

839 (j) The department may issue certificates of need on a
840 pilot-program basis for county-owned hospitals in Kemper and
841 Chickasaw Counties to convert vacant hospital beds to nursing home
842 beds, not to exceed fifty (50) beds statewide.

843 (k) The department may issue certificates of need in
844 Harrison County to provide skilled nursing home care for
845 Alzheimer's Disease patients and other patients, not to exceed one
846 hundred fifty (150) beds, provided that (i) the owner of the
847 health care facility issued a certificate of need for sixty (60)
848 beds agrees in writing that no more than thirty (30) of the beds
849 in the health care facility will be certified for participation in
850 the Medicaid program (Section 43-13-101 et seq.), (ii) the owner
851 of one (1) of the health care facilities issued a certificate of
852 need for forty-five (45) beds agrees in writing that no more than
853 twenty-three (23) of the beds in the health care facility will be
854 certified for participation in the Medicaid program, and (iii) the

855 owner of the other health care facility issued a certificate of
856 need for forty-five (45) beds agrees in writing that no more than
857 twenty-two (22) of the beds in the health care facility will be
858 certified for participation in the Medicaid program, and that no
859 claim will be submitted for Medicaid reimbursement for a number of
860 patients in the health care facility in any day that is greater
861 than the number of beds certified for participation in the
862 Medicaid program or for any patient in the health care facility
863 who is in a bed that is not Medicaid-certified. These written
864 agreements by the owners of the health care facilities on July 1,
865 1995, shall be fully binding on any subsequent owner of any of the
866 health care facilities if the ownership of any of the health care
867 facilities is transferred at any time after July 1, 1995. After
868 these written agreements are executed, the Division of Medicaid
869 and the State Department of Health shall not certify for
870 participation in the Medicaid program more than the number of beds
871 authorized for participation in the Medicaid program under this
872 paragraph (k) for each respective facility. If any of the health
873 care facilities violates the terms of the written agreement by
874 admitting or keeping in the health care facility on a regular or
875 continuing basis a number of patients that is greater than the
876 number of beds certified for participation in the Medicaid
877 program, the State Department of Health shall revoke the license
878 of the health care facility, at the time that the department
879 determines, after a hearing complying with due process, that the
880 health care facility has violated the terms of the written
881 agreement as provided in this paragraph.

882 (l) The department may issue certificates of need for
883 the new construction of, addition to, or expansion of any skilled
884 nursing facility or intermediate care facility in Jackson County,
885 not to exceed a total of sixty (60) beds.

886 (m) The department may issue a certificate of need for
887 the new construction of, addition to, or expansion of a nursing
888 home, or the conversion of existing hospital beds to provide

889 nursing home care, in Hancock County. The total number of nursing
890 home care beds that may be authorized by any certificate of need
891 issued under this paragraph shall not exceed sixty (60) beds.

892 (n) The department may issue a certificate of need to
893 any intermediate care facility as defined in Section
894 41-7-173(h)(vi) in Marion County which has fewer than sixty (60)
895 beds, for making additions to or expansion or replacement of the
896 existing facility in order to increase the number of its beds to
897 not more than sixty (60) beds. For the purposes of this
898 paragraph, the provision of Section 41-7-193(1) requiring
899 substantial compliance with the projection of need as reported in
900 the current State Health Plan is waived. The total number of
901 nursing home beds that may be authorized by any certificate of
902 need issued under this paragraph shall not exceed twenty-five (25)
903 beds.

904 (o) The department may issue a certificate of need for
905 the conversion of nursing home beds, not to exceed thirteen (13)
906 beds, in Winston County. The provision of Section 41-7-193(1)
907 regarding substantial compliance with the projection of need as
908 reported in the current State Health Plan is hereby waived as to
909 such construction or expansion.

910 (p) The department shall issue a certificate of need
911 for the construction, expansion or conversion of nursing home
912 care, not to exceed thirty-three (33) beds, in Pontotoc County.
913 The provisions of Section 41-7-193(1) regarding substantial
914 compliance with the projection of need as reported in the current
915 State Health Plan are hereby waived as to such construction,
916 expansion or conversion.

917 (q) The department may issue a certificate of need for
918 the construction of a pediatric skilled nursing facility in
919 Harrison County, not to exceed sixty (60) new beds. For the
920 purposes of this paragraph, the provision of Section 41-7-193(1)
921 requiring substantial compliance with the projection of need as
922 reported in the current State Health Plan is waived.

923 (r) The department may issue a certificate of need for
924 the addition to or expansion of any skilled nursing facility that
925 is part of an existing continuing care retirement community
926 located in Madison County, provided that the recipient of the
927 certificate of need agrees in writing that the skilled nursing
928 facility will not at any time participate in the Medicaid program
929 (Section 43-13-101 et seq.) or admit or keep any patients in the
930 skilled nursing facility who are participating in the Medicaid
931 program. This written agreement by the recipient of the
932 certificate of need shall be fully binding on any subsequent owner
933 of the skilled nursing facility, if the ownership of the facility
934 is transferred at any time after the issuance of the certificate
935 of need. Agreement that the skilled nursing facility will not
936 participate in the Medicaid program shall be a condition of the
937 issuance of a certificate of need to any person under this
938 paragraph (r), and if such skilled nursing facility at any time
939 after the issuance of the certificate of need, regardless of the
940 ownership of the facility, participates in the Medicaid program or
941 admits or keeps any patients in the facility who are participating
942 in the Medicaid program, the State Department of Health shall
943 revoke the certificate of need, if it is still outstanding, and
944 shall deny or revoke the license of the skilled nursing facility,
945 at the time that the department determines, after a hearing
946 complying with due process, that the facility has failed to comply
947 with any of the conditions upon which the certificate of need was
948 issued, as provided in this paragraph and in the written agreement
949 by the recipient of the certificate of need. The total number of
950 beds that may be authorized under the authority of this paragraph
951 (r) shall not exceed sixty (60) beds.

952 (s) The State Department of Health may issue a
953 certificate of need to any hospital located in DeSoto County for
954 the new construction of a skilled nursing facility, not to exceed
955 one hundred twenty (120) beds, in DeSoto County, provided that the
956 recipient of the certificate of need agrees in writing that no

957 more than thirty (30) of the beds in the skilled nursing facility
958 will be certified for participation in the Medicaid program
959 (Section 43-13-101 et seq.), and that no claim will be submitted
960 for Medicaid reimbursement for more than thirty (30) patients in
961 the facility in any day or for any patient in the facility who is
962 in a bed that is not Medicaid-certified. This written agreement
963 by the recipient of the certificate of need shall be a condition
964 of the issuance of the certificate of need under this paragraph,
965 and the agreement shall be fully binding on any subsequent owner
966 of the skilled nursing facility if the ownership of the facility
967 is transferred at any time after the issuance of the certificate
968 of need. After this written agreement is executed, the Division
969 of Medicaid and the State Department of Health shall not certify
970 more than thirty (30) of the beds in the skilled nursing facility
971 for participation in the Medicaid program. If the skilled nursing
972 facility violates the terms of the written agreement by admitting
973 or keeping in the facility on a regular or continuing basis more
974 than thirty (30) patients who are participating in the Medicaid
975 program, the State Department of Health shall revoke the license
976 of the facility, at the time that the department determines, after
977 a hearing complying with due process, that the facility has
978 violated the condition upon which the certificate of need was
979 issued, as provided in this paragraph and in the written
980 agreement. If the skilled nursing facility authorized by the
981 certificate of need issued under this paragraph is not constructed
982 and fully operational within eighteen (18) months after July 1,
983 1994, the State Department of Health, after a hearing complying
984 with due process, shall revoke the certificate of need, if it is
985 still outstanding, and shall not issue a license for the facility
986 at any time after the expiration of the eighteen-month period.

987 (t) The State Department of Health may issue a
988 certificate of need for the construction of a nursing facility or
989 the conversion of beds to nursing facility beds at a personal care
990 facility for the elderly in Lowndes County that is owned and

991 operated by a Mississippi nonprofit corporation, not to exceed
992 sixty (60) beds, provided that the recipient of the certificate of
993 need agrees in writing that no more than thirty (30) of the beds
994 at the facility will be certified for participation in the
995 Medicaid program (Section 43-13-101 et seq.), and that no claim
996 will be submitted for Medicaid reimbursement for more than thirty
997 (30) patients in the facility in any month or for any patient in
998 the facility who is in a bed that is not Medicaid-certified. This
999 written agreement by the recipient of the certificate of need
1000 shall be a condition of the issuance of the certificate of need
1001 under this paragraph, and the agreement shall be fully binding on
1002 any subsequent owner of the facility if the ownership of the
1003 facility is transferred at any time after the issuance of the
1004 certificate of need. After this written agreement is executed,
1005 the Division of Medicaid and the State Department of Health shall
1006 not certify more than thirty (30) of the beds in the facility for
1007 participation in the Medicaid program. If the facility violates
1008 the terms of the written agreement by admitting or keeping in the
1009 facility on a regular or continuing basis more than thirty (30)
1010 patients who are participating in the Medicaid program, the State
1011 Department of Health shall revoke the license of the facility, at
1012 the time that the department determines, after a hearing complying
1013 with due process, that the facility has violated the condition
1014 upon which the certificate of need was issued, as provided in this
1015 paragraph and in the written agreement. If the nursing facility
1016 or nursing facility beds authorized by the certificate of need
1017 issued under this paragraph are not constructed or converted and
1018 fully operational within eighteen (18) months after July 1, 1994,
1019 the State Department of Health, after a hearing complying with due
1020 process, shall revoke the certificate of need, if it is still
1021 outstanding, and shall not issue a license for the nursing
1022 facility or nursing facility beds at any time after the expiration
1023 of the eighteen-month period.

1024 (u) The State Department of Health may issue a

1025 certificate of need for conversion of a county hospital facility
1026 in Itawamba County to a nursing facility, not to exceed sixty (60)
1027 beds, including any necessary construction, renovation or
1028 expansion, provided that the recipient of the certificate of need
1029 agrees in writing that no more than thirty (30) of the beds at the
1030 facility will be certified for participation in the Medicaid
1031 program (Section 43-13-101 et seq.), and that no claim will be
1032 submitted for Medicaid reimbursement for more than thirty (30)
1033 patients in the facility in any day or for any patient in the
1034 facility who is in a bed that is not Medicaid-certified. This
1035 written agreement by the recipient of the certificate of need
1036 shall be a condition of the issuance of the certificate of need
1037 under this paragraph, and the agreement shall be fully binding on
1038 any subsequent owner of the facility if the ownership of the
1039 facility is transferred at any time after the issuance of the
1040 certificate of need. After this written agreement is executed,
1041 the Division of Medicaid and the State Department of Health shall
1042 not certify more than thirty (30) of the beds in the facility for
1043 participation in the Medicaid program. If the facility violates
1044 the terms of the written agreement by admitting or keeping in the
1045 facility on a regular or continuing basis more than thirty (30)
1046 patients who are participating in the Medicaid program, the State
1047 Department of Health shall revoke the license of the facility, at
1048 the time that the department determines, after a hearing complying
1049 with due process, that the facility has violated the condition
1050 upon which the certificate of need was issued, as provided in this
1051 paragraph and in the written agreement. If the beds authorized by
1052 the certificate of need issued under this paragraph are not
1053 converted to nursing facility beds and fully operational within
1054 eighteen (18) months after July 1, 1994, the State Department of
1055 Health, after a hearing complying with due process, shall revoke
1056 the certificate of need, if it is still outstanding, and shall not
1057 issue a license for the facility at any time after the expiration
1058 of the eighteen-month period.

1059 (v) The State Department of Health may issue a
1060 certificate of need for the construction or expansion of nursing
1061 facility beds or the conversion of other beds to nursing facility
1062 beds in either Hinds, Madison or Rankin Counties, not to exceed
1063 sixty (60) beds, provided that the recipient of the certificate of
1064 need agrees in writing that no more than thirty (30) of the beds
1065 at the nursing facility will be certified for participation in the
1066 Medicaid program (Section 43-13-101 et seq.), and that no claim
1067 will be submitted for Medicaid reimbursement for more than thirty
1068 (30) patients in the nursing facility in any day or for any
1069 patient in the nursing facility who is in a bed that is not
1070 Medicaid-certified. This written agreement by the recipient of
1071 the certificate of need shall be a condition of the issuance of
1072 the certificate of need under this paragraph, and the agreement
1073 shall be fully binding on any subsequent owner of the nursing
1074 facility if the ownership of the nursing facility is transferred
1075 at any time after the issuance of the certificate of need. After
1076 this written agreement is executed, the Division of Medicaid and
1077 the State Department of Health shall not certify more than thirty
1078 (30) of the beds in the nursing facility for participation in the
1079 Medicaid program. If the nursing facility violates the terms of
1080 the written agreement by admitting or keeping in the nursing
1081 facility on a regular or continuing basis more than thirty (30)
1082 patients who are participating in the Medicaid program, the State
1083 Department of Health shall revoke the license of the nursing
1084 facility, at the time that the department determines, after a
1085 hearing complying with due process, that the nursing facility has
1086 violated the condition upon which the certificate of need was
1087 issued, as provided in this paragraph and in the written
1088 agreement. If the nursing facility or nursing facility beds
1089 authorized by the certificate of need issued under this paragraph
1090 are not constructed, expanded or converted and fully operational
1091 within thirty-six (36) months after July 1, 1994, the State
1092 Department of Health, after a hearing complying with due process,

1093 shall revoke the certificate of need, if it is still outstanding,
1094 and shall not issue a license for the nursing facility or nursing
1095 facility beds at any time after the expiration of the
1096 thirty-six-month period.

1097 (w) The State Department of Health may issue a
1098 certificate of need for the construction or expansion of nursing
1099 facility beds or the conversion of other beds to nursing facility
1100 beds in either Hancock, Harrison or Jackson Counties, not to
1101 exceed sixty (60) beds, provided that the recipient of the
1102 certificate of need agrees in writing that no more than thirty
1103 (30) of the beds at the nursing facility will be certified for
1104 participation in the Medicaid program (Section 43-13-101 et seq.),
1105 and that no claim will be submitted for Medicaid reimbursement for
1106 more than thirty (30) patients in the nursing facility in any day
1107 or for any patient in the nursing facility who is in a bed that is
1108 not Medicaid-certified. This written agreement by the recipient
1109 of the certificate of need shall be a condition of the issuance of
1110 the certificate of need under this paragraph, and the agreement
1111 shall be fully binding on any subsequent owner of the nursing
1112 facility if the ownership of the nursing facility is transferred
1113 at any time after the issuance of the certificate of need. After
1114 this written agreement is executed, the Division of Medicaid and
1115 the State Department of Health shall not certify more than thirty
1116 (30) of the beds in the nursing facility for participation in the
1117 Medicaid program. If the nursing facility violates the terms of
1118 the written agreement by admitting or keeping in the nursing
1119 facility on a regular or continuing basis more than thirty (30)
1120 patients who are participating in the Medicaid program, the State
1121 Department of Health shall revoke the license of the nursing
1122 facility, at the time that the department determines, after a
1123 hearing complying with due process, that the nursing facility has
1124 violated the condition upon which the certificate of need was
1125 issued, as provided in this paragraph and in the written
1126 agreement. If the nursing facility or nursing facility beds

1127 authorized by the certificate of need issued under this paragraph
1128 are not constructed, expanded or converted and fully operational
1129 within thirty-six (36) months after July 1, 1994, the State
1130 Department of Health, after a hearing complying with due process,
1131 shall revoke the certificate of need, if it is still outstanding,
1132 and shall not issue a license for the nursing facility or nursing
1133 facility beds at any time after the expiration of the
1134 thirty-six-month period.

1135 (x) The department may issue a certificate of need for
1136 the new construction of a skilled nursing facility in Leake
1137 County, provided that the recipient of the certificate of need
1138 agrees in writing that the skilled nursing facility will not at
1139 any time participate in the Medicaid program (Section 43-13-101 et
1140 seq.) or admit or keep any patients in the skilled nursing
1141 facility who are participating in the Medicaid program. This
1142 written agreement by the recipient of the certificate of need
1143 shall be fully binding on any subsequent owner of the skilled
1144 nursing facility, if the ownership of the facility is transferred
1145 at any time after the issuance of the certificate of need.
1146 Agreement that the skilled nursing facility will not participate
1147 in the Medicaid program shall be a condition of the issuance of a
1148 certificate of need to any person under this paragraph (x), and if
1149 such skilled nursing facility at any time after the issuance of
1150 the certificate of need, regardless of the ownership of the
1151 facility, participates in the Medicaid program or admits or keeps
1152 any patients in the facility who are participating in the Medicaid
1153 program, the State Department of Health shall revoke the
1154 certificate of need, if it is still outstanding, and shall deny or
1155 revoke the license of the skilled nursing facility, at the time
1156 that the department determines, after a hearing complying with due
1157 process, that the facility has failed to comply with any of the
1158 conditions upon which the certificate of need was issued, as
1159 provided in this paragraph and in the written agreement by the
1160 recipient of the certificate of need. The provision of Section

1161 43-7-193(1) regarding substantial compliance of the projection of
1162 need as reported in the current State Health Plan is waived for
1163 the purposes of this paragraph. The total number of nursing
1164 facility beds that may be authorized by any certificate of need
1165 issued under this paragraph (x) shall not exceed sixty (60) beds.
1166 If the skilled nursing facility authorized by the certificate of
1167 need issued under this paragraph is not constructed and fully
1168 operational within eighteen (18) months after July 1, 1994, the
1169 State Department of Health, after a hearing complying with due
1170 process, shall revoke the certificate of need, if it is still
1171 outstanding, and shall not issue a license for the skilled nursing
1172 facility at any time after the expiration of the eighteen-month
1173 period.

1174 (y) The department may issue a certificate of need in
1175 Jones County for making additions to or expansion or replacement
1176 of an existing forty-bed facility in order to increase the number
1177 of its beds to not more than sixty (60) beds. For the purposes of
1178 this paragraph, the provision of Section 41-7-193(1) requiring
1179 substantial compliance with the projection of need as reported in
1180 the current State Health Plan is waived. The total number of
1181 nursing home beds that may be authorized by any certificate of
1182 need issued under this paragraph shall not exceed twenty (20)
1183 beds.

1184 (z) The department may issue certificates of need to
1185 allow any existing freestanding long-term care facility in
1186 Tishomingo County and Hancock County that on July 1, 1995, is
1187 licensed with fewer than sixty (60) beds to increase the number of
1188 its beds to not more than sixty (60) beds, provided that the
1189 recipient of the certificate of need agrees in writing that none
1190 of the additional beds authorized by this paragraph (z) at the
1191 nursing facility will be certified for participation in the
1192 Medicaid program (Section 43-13-101 et seq.), and that no claim
1193 will be submitted for Medicaid reimbursement in the nursing
1194 facility for a number of patients in the nursing facility in any

1195 day that is greater than the number of licensed beds in the
1196 facility on July 1, 1995. This written agreement by the recipient
1197 of the certificate of need shall be a condition of the issuance of
1198 the certificate of need under this paragraph, and the agreement
1199 shall be fully binding on any subsequent owner of the nursing
1200 facility if the ownership of the nursing facility is transferred
1201 at any time after the issuance of the certificate of need. After
1202 this agreement is executed, the Division of Medicaid and the State
1203 Department of Health shall not certify more beds in the nursing
1204 facility for participation in the Medicaid program than the number
1205 of licensed beds in the facility on July 1, 1995. If the nursing
1206 facility violates the terms of the written agreement by admitting
1207 or keeping in the nursing facility on a regular or continuing
1208 basis a number of patients who are participating in the Medicaid
1209 program that is greater than the number of licensed beds in the
1210 facility on July 1, 1995, the State Department of Health shall
1211 revoke the license of the nursing facility, at the time that the
1212 department determines, after a hearing complying with due process,
1213 that the nursing facility has violated the condition upon which
1214 the certificate of need was issued, as provided in this paragraph
1215 and in the written agreement. For the purposes of this paragraph
1216 (z), the provision of Section 41-7-193(1) requiring substantial
1217 compliance with the projection of need as reported in the current
1218 State Health Plan is waived.

1219 (aa) The department may issue a certificate of need for
1220 the construction of a nursing facility at a continuing care
1221 retirement community in Lowndes County, provided that the
1222 recipient of the certificate of need agrees in writing that the
1223 nursing facility will not at any time participate in the Medicaid
1224 program (Section 43-13-101 et seq.) or admit or keep any patients
1225 in the nursing facility who are participating in the Medicaid
1226 program. This written agreement by the recipient of the
1227 certificate of need shall be fully binding on any subsequent owner
1228 of the nursing facility, if the ownership of the facility is

1229 transferred at any time after the issuance of the certificate of
1230 need. Agreement that the nursing facility will not participate in
1231 the Medicaid program shall be a condition of the issuance of a
1232 certificate of need to any person under this paragraph (aa), and
1233 if such nursing facility at any time after the issuance of the
1234 certificate of need, regardless of the ownership of the facility,
1235 participates in the Medicaid program or admits or keeps any
1236 patients in the facility who are participating in the Medicaid
1237 program, the State Department of Health shall revoke the
1238 certificate of need, if it is still outstanding, and shall deny or
1239 revoke the license of the nursing facility, at the time that the
1240 department determines, after a hearing complying with due process,
1241 that the facility has failed to comply with any of the conditions
1242 upon which the certificate of need was issued, as provided in this
1243 paragraph and in the written agreement by the recipient of the
1244 certificate of need. The total number of beds that may be
1245 authorized under the authority of this paragraph (aa) shall not
1246 exceed sixty (60) beds.

1247 (bb) Provided that funds are specifically appropriated
1248 therefor by the Legislature, the department may issue a
1249 certificate of need to a rehabilitation hospital in Hinds County
1250 for the construction of a sixty-bed long-term care nursing
1251 facility dedicated to the care and treatment of persons with
1252 severe disabilities including persons with spinal cord and
1253 closed-head injuries and ventilator-dependent patients. The
1254 provision of Section 41-7-193(1) regarding substantial compliance
1255 with projection of need as reported in the current State Health
1256 Plan is hereby waived for the purpose of this paragraph.

1257 (cc) The State Department of Health may issue a
1258 certificate of need to a county-owned hospital in the Second
1259 Judicial District of Panola County for the conversion of not more
1260 than seventy-two (72) hospital beds to nursing facility beds,
1261 provided that the recipient of the certificate of need agrees in
1262 writing that none of the beds at the nursing facility will be

1263 certified for participation in the Medicaid program (Section
1264 43-13-101 et seq.), and that no claim will be submitted for
1265 Medicaid reimbursement in the nursing facility in any day or for
1266 any patient in the nursing facility. This written agreement by
1267 the recipient of the certificate of need shall be a condition of
1268 the issuance of the certificate of need under this paragraph, and
1269 the agreement shall be fully binding on any subsequent owner of
1270 the nursing facility if the ownership of the nursing facility is
1271 transferred at any time after the issuance of the certificate of
1272 need. After this written agreement is executed, the Division of
1273 Medicaid and the State Department of Health shall not certify any
1274 of the beds in the nursing facility for participation in the
1275 Medicaid program. If the nursing facility violates the terms of
1276 the written agreement by admitting or keeping in the nursing
1277 facility on a regular or continuing basis any patients who are
1278 participating in the Medicaid program, the State Department of
1279 Health shall revoke the license of the nursing facility, at the
1280 time that the department determines, after a hearing complying
1281 with due process, that the nursing facility has violated the
1282 condition upon which the certificate of need was issued, as
1283 provided in this paragraph and in the written agreement. If the
1284 certificate of need authorized under this paragraph is not issued
1285 within twelve (12) months after July 1, 1998, the department shall
1286 deny the application for the certificate of need and shall not
1287 issue the certificate of need at any time after the twelve-month
1288 period, unless the issuance is contested. If the certificate of
1289 need is issued and substantial construction of the nursing
1290 facility beds has not commenced within eighteen (18) months after
1291 July 1, 1998, the State Department of Health, after a hearing
1292 complying with due process, shall revoke the certificate of need
1293 if it is still outstanding, and the department shall not issue a
1294 license for the nursing facility at any time after the
1295 eighteen-month period. Provided, however, that if the issuance of
1296 the certificate of need is contested, the department shall require

1297 substantial construction of the nursing facility beds within six
1298 (6) months after final adjudication on the issuance of the
1299 certificate of need.

1300 (dd) The department may issue a certificate of need for
1301 the new construction, addition or conversion of skilled nursing
1302 facility beds in Madison County, provided that the recipient of
1303 the certificate of need agrees in writing that the skilled nursing
1304 facility will not at any time participate in the Medicaid program
1305 (Section 43-13-101 et seq.) or admit or keep any patients in the
1306 skilled nursing facility who are participating in the Medicaid
1307 program. This written agreement by the recipient of the
1308 certificate of need shall be fully binding on any subsequent owner
1309 of the skilled nursing facility, if the ownership of the facility
1310 is transferred at any time after the issuance of the certificate
1311 of need. Agreement that the skilled nursing facility will not
1312 participate in the Medicaid program shall be a condition of the
1313 issuance of a certificate of need to any person under this
1314 paragraph (dd), and if such skilled nursing facility at any time
1315 after the issuance of the certificate of need, regardless of the
1316 ownership of the facility, participates in the Medicaid program or
1317 admits or keeps any patients in the facility who are participating
1318 in the Medicaid program, the State Department of Health shall
1319 revoke the certificate of need, if it is still outstanding, and
1320 shall deny or revoke the license of the skilled nursing facility,
1321 at the time that the department determines, after a hearing
1322 complying with due process, that the facility has failed to comply
1323 with any of the conditions upon which the certificate of need was
1324 issued, as provided in this paragraph and in the written agreement
1325 by the recipient of the certificate of need. The total number of
1326 nursing facility beds that may be authorized by any certificate of
1327 need issued under this paragraph (dd) shall not exceed sixty (60)
1328 beds. If the certificate of need authorized under this paragraph
1329 is not issued within twelve (12) months after July 1, 1998, the
1330 department shall deny the application for the certificate of need

1331 and shall not issue the certificate of need at any time after the
1332 twelve-month period, unless the issuance is contested. If the
1333 certificate of need is issued and substantial construction of the
1334 nursing facility beds has not commenced within eighteen (18)
1335 months after July 1, 1998, the State Department of Health, after a
1336 hearing complying with due process, shall revoke the certificate
1337 of need if it is still outstanding, and the department shall not
1338 issue a license for the nursing facility at any time after the
1339 eighteen-month period. Provided, however, that if the issuance of
1340 the certificate of need is contested, the department shall require
1341 substantial construction of the nursing facility beds within six
1342 (6) months after final adjudication on the issuance of the
1343 certificate of need.

1344 (ee) The department may issue a certificate of need for
1345 the new construction, addition or conversion of skilled nursing
1346 facility beds in Leake County, provided that the recipient of the
1347 certificate of need agrees in writing that the skilled nursing
1348 facility will not at any time participate in the Medicaid program
1349 (Section 43-13-101 et seq.) or admit or keep any patients in the
1350 skilled nursing facility who are participating in the Medicaid
1351 program. This written agreement by the recipient of the
1352 certificate of need shall be fully binding on any subsequent owner
1353 of the skilled nursing facility, if the ownership of the facility
1354 is transferred at any time after the issuance of the certificate
1355 of need. Agreement that the skilled nursing facility will not
1356 participate in the Medicaid program shall be a condition of the
1357 issuance of a certificate of need to any person under this
1358 paragraph (ee), and if such skilled nursing facility at any time
1359 after the issuance of the certificate of need, regardless of the
1360 ownership of the facility, participates in the Medicaid program or
1361 admits or keeps any patients in the facility who are participating
1362 in the Medicaid program, the State Department of Health shall
1363 revoke the certificate of need, if it is still outstanding, and
1364 shall deny or revoke the license of the skilled nursing facility,

1365 at the time that the department determines, after a hearing
1366 complying with due process, that the facility has failed to comply
1367 with any of the conditions upon which the certificate of need was
1368 issued, as provided in this paragraph and in the written agreement
1369 by the recipient of the certificate of need. The total number of
1370 nursing facility beds that may be authorized by any certificate of
1371 need issued under this paragraph (ee) shall not exceed sixty (60)
1372 beds. If the certificate of need authorized under this paragraph
1373 is not issued within twelve (12) months after July 1, 1998, the
1374 department shall deny the application for the certificate of need
1375 and shall not issue the certificate of need at any time after the
1376 twelve-month period, unless the issuance is contested. If the
1377 certificate of need is issued and substantial construction of the
1378 nursing facility beds has not commenced within eighteen (18)
1379 months after July 1, 1998, the State Department of Health, after a
1380 hearing complying with due process, shall revoke the certificate
1381 of need if it is still outstanding, and the department shall not
1382 issue a license for the nursing facility at any time after the
1383 eighteen-month period. Provided, however, that if the issuance of
1384 the certificate of need is contested, the department shall require
1385 substantial construction of the nursing facility beds within six
1386 (6) months after final adjudication on the issuance of the
1387 certificate of need.

1388 (ff) The department may issue a certificate of need for
1389 the construction of a municipally-owned nursing facility within
1390 the Town of Belmont in Tishomingo County, not to exceed sixty (60)
1391 beds, provided that the recipient of the certificate of need
1392 agrees in writing that the skilled nursing facility will not at
1393 any time participate in the Medicaid program (Section 43-13-101 et
1394 seq.) or admit or keep any patients in the skilled nursing
1395 facility who are participating in the Medicaid program. This
1396 written agreement by the recipient of the certificate of need
1397 shall be fully binding on any subsequent owner of the skilled
1398 nursing facility, if the ownership of the facility is transferred

1399 at any time after the issuance of the certificate of need.
1400 Agreement that the skilled nursing facility will not participate
1401 in the Medicaid program shall be a condition of the issuance of a
1402 certificate of need to any person under this paragraph (ff), and
1403 if such skilled nursing facility at any time after the issuance of
1404 the certificate of need, regardless of the ownership of the
1405 facility, participates in the Medicaid program or admits or keeps
1406 any patients in the facility who are participating in the Medicaid
1407 program, the State Department of Health shall revoke the
1408 certificate of need, if it is still outstanding, and shall deny or
1409 revoke the license of the skilled nursing facility, at the time
1410 that the department determines, after a hearing complying with due
1411 process, that the facility has failed to comply with any of the
1412 conditions upon which the certificate of need was issued, as
1413 provided in this paragraph and in the written agreement by the
1414 recipient of the certificate of need. The provision of Section
1415 43-7-193(1) regarding substantial compliance of the projection of
1416 need as reported in the current State Health Plan is waived for
1417 the purposes of this paragraph. If the certificate of need
1418 authorized under this paragraph is not issued within twelve (12)
1419 months after July 1, 1998, the department shall deny the
1420 application for the certificate of need and shall not issue the
1421 certificate of need at any time after the twelve-month period,
1422 unless the issuance is contested. If the certificate of need is
1423 issued and substantial construction of the nursing facility beds
1424 has not commenced within eighteen (18) months after July 1, 1998,
1425 the State Department of Health, after a hearing complying with due
1426 process, shall revoke the certificate of need if it is still
1427 outstanding, and the department shall not issue a license for the
1428 nursing facility at any time after the eighteen-month period.
1429 Provided, however, that if the issuance of the certificate of need
1430 is contested, the department shall require substantial
1431 construction of the nursing facility beds within six (6) months
1432 after final adjudication on the issuance of the certificate of

1433 need.

1434 (qq) (i) Beginning on July 1, 1999, the State
1435 Department of Health may issue a certificate of need during each
1436 of the next two (2) fiscal years for the construction or expansion
1437 of nursing facility beds or the conversion of other beds to
1438 nursing facility beds in each county of the state having an
1439 additional nursing facility bed need of fifty (50) beds or more
1440 according to the 1998 State Health Plan, not to exceed sixty (60)
1441 beds in any county and subject to the restrictions on
1442 participation in the Medicaid program prescribed in subparagraph
1443 (ii). The certificate of need issued for nursing facility beds in
1444 such counties shall not exceed thirteen (13) during fiscal year
1445 ending June 30, 2000, and shall not exceed thirteen (13) during
1446 fiscal year ending June 30, 2001, and shall first be available for
1447 nursing facility beds in the county in the state having the
1448 highest need for those beds, as shown in the 1998 State Health
1449 Plan. If there are no applications for a certificate of need for
1450 nursing facility beds in the county having the highest need for
1451 those beds by the date specified by the department, then the
1452 certificate of need shall be available for nursing facility beds
1453 in other counties in the state in descending order of the need for
1454 those beds, from the county with the second highest need to the
1455 county with the lowest need, until an application is received for
1456 nursing facility beds in an eligible county in the state. In the
1457 event the department reaches the end of the list of eligible
1458 counties during the two-year period, the department shall again
1459 determine the counties of the state having an additional nursing
1460 facility bed need of fifty (50) beds or more, and such
1461 certificates of need shall be available for nursing facility beds
1462 in descending order of the need for those beds.

1463 (ii) The recipient of any certificate of need
1464 issued under authority of this paragraph (qq) shall agree in
1465 writing that no more than forty (40) of the additional beds
1466 authorized in the certificate of need will be certified for

1467 participation in the Medicaid program (Section 43-13-101 et seq.),
1468 and that no claim will be submitted for Medicaid reimbursement for
1469 more than forty (40) patients in the nursing facility in any day
1470 or for any patient in the nursing facility who is in a bed that is
1471 not Medicaid-certified. This written agreement by the recipient
1472 of the certificate of need shall be a condition of the issuance of
1473 the certificate of need under this paragraph, and the agreement
1474 shall be fully binding on any subsequent owner of the nursing
1475 facility if the ownership of the nursing facility is transferred
1476 at any time after the issuance of the certificate of need. After
1477 this written agreement is executed, the Division of Medicaid and
1478 the State Department of Health shall not certify more than forty
1479 (40) of the beds in the nursing facility for participation in the
1480 Medicaid program. If the nursing facility violates the terms of
1481 the written agreement by admitting or keeping in the nursing
1482 facility on a regular or continuing basis more than forty (40)
1483 patients who are participating in the Medicaid program, the State
1484 Department of Health shall revoke the license of the nursing
1485 facility, at the time that the department determines, after a
1486 hearing complying with due process, that the nursing facility has
1487 violated the condition upon which the certificate of need was
1488 issued, as provided in this paragraph and in the written
1489 agreement. If the nursing facility or nursing facility beds
1490 authorized by the certificate of need issued under this paragraph
1491 are not constructed, expended or converted and fully operational
1492 within thirty-six (36) months after issuance of the certificate,
1493 the State Department of Health, after a hearing complying with due
1494 process, shall revoke the certificate of need, if it is still
1495 outstanding, and shall not issue a license for the nursing
1496 facility or nursing facility beds at any time after the expiration
1497 of the thirty-six-month period.

1498 (3) If the holder of the certificate of need that was issued
1499 before January 1, 1990, for the construction of a nursing home in
1500 Claiborne County has not substantially undertaken commencement of

1501 construction by completing site works and pouring foundations and
1502 the floor slab of a nursing home in Claiborne County before May 1,
1503 1990, as determined by the department, then the department shall
1504 transfer such certificate of need to the Board of Supervisors of
1505 Claiborne County upon the effective date of this subsection (3).
1506 If the certificate of need is transferred to the board of
1507 supervisors, it shall be valid for a period of twelve (12) months
1508 and shall authorize the construction of a sixty-bed nursing home
1509 on county-owned property or the conversion of vacant hospital beds
1510 in the county hospital not to exceed sixty (60) beds.

1511 (4) The State Department of Health may grant approval for
1512 and issue certificates of need to any person proposing the new
1513 construction of, addition to, conversion of beds of or expansion
1514 of any health care facility defined in subparagraph (x)
1515 (psychiatric residential treatment facility) of Section
1516 41-7-173(h). The total number of beds which may be authorized by
1517 such certificates of need shall not exceed two hundred
1518 seventy-four (274) beds for the entire state.

1519 (a) Of the total number of beds authorized under this
1520 subsection, the department shall issue a certificate of need to a
1521 privately owned psychiatric residential treatment facility in
1522 Simpson County for the conversion of sixteen (16) intermediate
1523 care facility for the mentally retarded (ICF-MR) beds to
1524 psychiatric residential treatment facility beds, provided that
1525 facility agrees in writing that the facility shall give priority
1526 for the use of those sixteen (16) beds to Mississippi residents
1527 who are presently being treated in out-of-state facilities.

1528 (b) Of the total number of beds authorized under this
1529 subsection, the department may issue a certificate or certificates
1530 of need for the construction or expansion of psychiatric
1531 residential treatment facility beds or the conversion of other
1532 beds to psychiatric residential treatment facility beds in Warren
1533 County, not to exceed sixty (60) psychiatric residential treatment
1534 facility beds, provided that the facility agrees in writing that

1535 no more than thirty (30) of the beds at the psychiatric
1536 residential treatment facility will be certified for participation
1537 in the Medicaid program (Section 43-13-101 et seq.) for the use of
1538 any patients other than those who are participating only in the
1539 Medicaid program of another state, and that no claim will be
1540 submitted to the Division of Medicaid for Medicaid reimbursement
1541 for more than thirty (30) patients in the psychiatric residential
1542 treatment facility in any day or for any patient in the
1543 psychiatric residential treatment facility who is in a bed that is
1544 not Medicaid-certified. This written agreement by the recipient
1545 of the certificate of need shall be a condition of the issuance of
1546 the certificate of need under this paragraph, and the agreement
1547 shall be fully binding on any subsequent owner of the psychiatric
1548 residential treatment facility if the ownership of the facility is
1549 transferred at any time after the issuance of the certificate of
1550 need. After this written agreement is executed, the Division of
1551 Medicaid and the State Department of Health shall not certify more
1552 than thirty (30) of the beds in the psychiatric residential
1553 treatment facility for participation in the Medicaid program for
1554 the use of any patients other than those who are participating
1555 only in the Medicaid program of another state. If the psychiatric
1556 residential treatment facility violates the terms of the written
1557 agreement by admitting or keeping in the facility on a regular or
1558 continuing basis more than thirty (30) patients who are
1559 participating in the Mississippi Medicaid program, the State
1560 Department of Health shall revoke the license of the facility, at
1561 the time that the department determines, after a hearing complying
1562 with due process, that the facility has violated the condition
1563 upon which the certificate of need was issued, as provided in this
1564 paragraph and in the written agreement.

1565 (c) Of the total number of beds authorized under this
1566 subsection, the department shall issue a certificate of need to a
1567 hospital currently operating Medicaid-certified acute psychiatric
1568 beds for adolescents in DeSoto County, for the establishment of a

1569 forty-bed psychiatric residential treatment facility in DeSoto
1570 County, provided that the hospital agrees in writing (i) that the
1571 hospital shall give priority for the use of those forty (40) beds
1572 to Mississippi residents who are presently being treated in
1573 out-of-state facilities, and (ii) that no more than fifteen (15)
1574 of the beds at the psychiatric residential treatment facility will
1575 be certified for participation in the Medicaid program (Section
1576 43-13-101 et seq.), and that no claim will be submitted for
1577 Medicaid reimbursement for more than fifteen (15) patients in the
1578 psychiatric residential treatment facility in any day or for any
1579 patient in the psychiatric residential treatment facility who is
1580 in a bed that is not Medicaid-certified. This written agreement
1581 by the recipient of the certificate of need shall be a condition
1582 of the issuance of the certificate of need under this paragraph,
1583 and the agreement shall be fully binding on any subsequent owner
1584 of the psychiatric residential treatment facility if the ownership
1585 of the facility is transferred at any time after the issuance of
1586 the certificate of need. After this written agreement is
1587 executed, the Division of Medicaid and the State Department of
1588 Health shall not certify more than fifteen (15) of the beds in the
1589 psychiatric residential treatment facility for participation in
1590 the Medicaid program. If the psychiatric residential treatment
1591 facility violates the terms of the written agreement by admitting
1592 or keeping in the facility on a regular or continuing basis more
1593 than fifteen (15) patients who are participating in the Medicaid
1594 program, the State Department of Health shall revoke the license
1595 of the facility, at the time that the department determines, after
1596 a hearing complying with due process, that the facility has
1597 violated the condition upon which the certificate of need was
1598 issued, as provided in this paragraph and in the written
1599 agreement.

1600 (d) Of the total number of beds authorized under this
1601 subsection, the department may issue a certificate or certificates
1602 of need for the construction or expansion of psychiatric

1603 residential treatment facility beds or the conversion of other
1604 beds to psychiatric treatment facility beds, not to exceed thirty
1605 (30) psychiatric residential treatment facility beds, in either
1606 Alcorn, Tishomingo, Prentiss, Lee, Itawamba, Monroe, Chickasaw,
1607 Pontotoc, Calhoun, Lafayette, Union, Benton or Tippah Counties.

1608 (e) Of the total number of beds authorized under this
1609 subsection (4) the department shall issue a certificate of need to
1610 a privately owned, nonprofit psychiatric residential treatment
1611 facility in Hinds County for an eight-bed expansion of the
1612 facility, provided that the facility agrees in writing that the
1613 facility shall give priority for the use of those eight (8) beds
1614 to Mississippi residents who are presently being treated in
1615 out-of-state facilities.

1616 (5) (a) From and after July 1, 1993, the department shall
1617 not issue a certificate of need to any person for the new
1618 construction of any hospital, psychiatric hospital or chemical
1619 dependency hospital that will contain any child/adolescent
1620 psychiatric or child/adolescent chemical dependency beds, or for
1621 the conversion of any other health care facility to a hospital,
1622 psychiatric hospital or chemical dependency hospital that will
1623 contain any child/adolescent psychiatric or child/adolescent
1624 chemical dependency beds, or for the addition of any
1625 child/adolescent psychiatric or child/adolescent chemical
1626 dependency beds in any hospital, psychiatric hospital or chemical
1627 dependency hospital, or for the conversion of any beds of another
1628 category in any hospital, psychiatric hospital or chemical
1629 dependency hospital to child/adolescent psychiatric or
1630 child/adolescent chemical dependency beds, except as hereinafter
1631 authorized:

1632 (i) The department may issue certificates of need
1633 to any person for any purpose described in this subsection,
1634 provided that the hospital, psychiatric hospital or chemical
1635 dependency hospital does not participate in the Medicaid program
1636 (Section 43-13-101 et seq.) at the time of the application for the

1637 certificate of need and the owner of the hospital, psychiatric
1638 hospital or chemical dependency hospital agrees in writing that
1639 the hospital, psychiatric hospital or chemical dependency hospital
1640 will not at any time participate in the Medicaid program or admit
1641 or keep any patients who are participating in the Medicaid program
1642 in the hospital, psychiatric hospital or chemical dependency
1643 hospital. This written agreement by the recipient of the
1644 certificate of need shall be fully binding on any subsequent owner
1645 of the hospital, psychiatric hospital or chemical dependency
1646 hospital, if the ownership of the facility is transferred at any
1647 time after the issuance of the certificate of need. Agreement
1648 that the hospital, psychiatric hospital or chemical dependency
1649 hospital will not participate in the Medicaid program shall be a
1650 condition of the issuance of a certificate of need to any person
1651 under this subparagraph (a)(i), and if such hospital, psychiatric
1652 hospital or chemical dependency hospital at any time after the
1653 issuance of the certificate of need, regardless of the ownership
1654 of the facility, participates in the Medicaid program or admits or
1655 keeps any patients in the hospital, psychiatric hospital or
1656 chemical dependency hospital who are participating in the Medicaid
1657 program, the State Department of Health shall revoke the
1658 certificate of need, if it is still outstanding, and shall deny or
1659 revoke the license of the hospital, psychiatric hospital or
1660 chemical dependency hospital, at the time that the department
1661 determines, after a hearing complying with due process, that the
1662 hospital, psychiatric hospital or chemical dependency hospital has
1663 failed to comply with any of the conditions upon which the
1664 certificate of need was issued, as provided in this subparagraph
1665 and in the written agreement by the recipient of the certificate
1666 of need.

1667 (ii) The department may issue a certificate of
1668 need for the conversion of existing beds in a county hospital in
1669 Choctaw County from acute care beds to child/adolescent chemical
1670 dependency beds. For purposes of this paragraph, the provisions

1671 of Section 41-7-193(1) requiring substantial compliance with the
1672 projection of need as reported in the current State Health Plan is
1673 waived. The total number of beds that may be authorized under
1674 authority of this paragraph shall not exceed twenty (20) beds.
1675 There shall be no prohibition or restrictions on participation in
1676 the Medicaid program (Section 43-13-101 et seq.) for the hospital
1677 receiving the certificate of need authorized under this
1678 subparagraph (a)(ii) or for the beds converted pursuant to the
1679 authority of that certificate of need.

1680 (iii) The department may issue a certificate or
1681 certificates of need for the construction or expansion of
1682 child/adolescent psychiatric beds or the conversion of other beds
1683 to child/adolescent psychiatric beds in Warren County. For
1684 purposes of this subparagraph, the provisions of Section
1685 41-7-193(1) requiring substantial compliance with the projection
1686 of need as reported in the current State Health Plan are waived.
1687 The total number of beds that may be authorized under the
1688 authority of this subparagraph shall not exceed twenty (20) beds.

1689 There shall be no prohibition or restrictions on participation in
1690 the Medicaid program (Section 43-13-101 et seq.) for the person
1691 receiving the certificate of need authorized under this
1692 subparagraph (a)(iii) or for the beds converted pursuant to the
1693 authority of that certificate of need.

1694 (iv) The department shall issue a certificate of
1695 need to the Region 7 Mental Health/Retardation Commission for the
1696 construction or expansion of child/adolescent psychiatric beds or
1697 the conversion of other beds to child/adolescent psychiatric beds
1698 in any of the counties served by the commission. For purposes of
1699 this subparagraph, the provisions of Section 41-7-193(1) requiring
1700 substantial compliance with the projection of need as reported in
1701 the current State Health Plan is waived. The total number of beds
1702 that may be authorized under the authority of this subparagraph
1703 shall not exceed twenty (20) beds. There shall be no prohibition
1704 or restrictions on participation in the Medicaid program (Section

1705 43-13-101 et seq.) for the person receiving the certificate of
1706 need authorized under this subparagraph (a)(iv) or for the beds
1707 converted pursuant to the authority of that certificate of need.

1708 (v) The department may issue a certificate of need
1709 to any county hospital located in Leflore County for the
1710 construction or expansion of adult psychiatric beds or the
1711 conversion of other beds to adult psychiatric beds, not to exceed
1712 twenty (20) beds, provided that the recipient of the certificate
1713 of need agrees in writing that the adult psychiatric beds will not
1714 at any time be certified for participation in the Medicaid program
1715 and that the hospital will not admit or keep any patients who are
1716 participating in the Medicaid program in any of such adult
1717 psychiatric beds. This written agreement by the recipient of the
1718 certificate of need shall be fully binding on any subsequent owner
1719 of the hospital if the ownership of the hospital is transferred at
1720 any time after the issuance of the certificate of need. Agreement
1721 that the adult psychiatric beds will not be certified for
1722 participation in the Medicaid program shall be a condition of the
1723 issuance of a certificate of need to any person under this
1724 subparagraph (a)(v), and if such hospital at any time after the
1725 issuance of the certificate of need, regardless of the ownership
1726 of the hospital, has any of such adult psychiatric beds certified
1727 for participation in the Medicaid program or admits or keeps any
1728 Medicaid patients in such adult psychiatric beds, the State
1729 Department of Health shall revoke the certificate of need, if it
1730 is still outstanding, and shall deny or revoke the license of the
1731 hospital at the time that the department determines, after a
1732 hearing complying with due process, that the hospital has failed
1733 to comply with any of the conditions upon which the certificate of
1734 need was issued, as provided in this subparagraph and in the
1735 written agreement by the recipient of the certificate of need.

1736 (b) From and after July 1, 1990, no hospital,
1737 psychiatric hospital or chemical dependency hospital shall be
1738 authorized to add any child/adolescent psychiatric or

1739 child/adolescent chemical dependency beds or convert any beds of
1740 another category to child/adolescent psychiatric or
1741 child/adolescent chemical dependency beds without a certificate of
1742 need under the authority of subsection (1)(c) of this section.

1743 (6) The department may issue a certificate of need to a
1744 county hospital in Winston County for the conversion of fifteen
1745 (15) acute care beds to geriatric psychiatric care beds.

1746 (7) The State Department of Health shall issue a certificate
1747 of need to a Mississippi corporation qualified to manage a
1748 long-term care hospital as defined in Section 41-7-173(h)(xii) in
1749 Harrison County, not to exceed eighty (80) beds, including any
1750 necessary renovation or construction required for licensure and
1751 certification, provided that the recipient of the certificate of
1752 need agrees in writing that the long-term care hospital will not
1753 at any time participate in the Medicaid program (Section 43-13-101
1754 et seq.) or admit or keep any patients in the long-term care
1755 hospital who are participating in the Medicaid program. This
1756 written agreement by the recipient of the certificate of need
1757 shall be fully binding on any subsequent owner of the long-term
1758 care hospital, if the ownership of the facility is transferred at
1759 any time after the issuance of the certificate of need. Agreement
1760 that the long-term care hospital will not participate in the
1761 Medicaid program shall be a condition of the issuance of a
1762 certificate of need to any person under this subsection (7), and
1763 if such long-term care hospital at any time after the issuance of
1764 the certificate of need, regardless of the ownership of the
1765 facility, participates in the Medicaid program or admits or keeps
1766 any patients in the facility who are participating in the Medicaid
1767 program, the State Department of Health shall revoke the
1768 certificate of need, if it is still outstanding, and shall deny or
1769 revoke the license of the long-term care hospital, at the time
1770 that the department determines, after a hearing complying with due
1771 process, that the facility has failed to comply with any of the
1772 conditions upon which the certificate of need was issued, as

1773 provided in this paragraph and in the written agreement by the
1774 recipient of the certificate of need. For purposes of this
1775 paragraph, the provision of Section 41-7-193(1) requiring
1776 substantial compliance with the projection of need as reported in
1777 the current State Health Plan is hereby waived.

1778 (8) The State Department of Health may issue a certificate
1779 of need to any hospital in the state to utilize a portion of its
1780 beds for the "swing-bed" concept. Any such hospital must be in
1781 conformance with the federal regulations regarding such swing-bed
1782 concept at the time it submits its application for a certificate
1783 of need to the State Department of Health, except that such
1784 hospital may have more licensed beds or a higher average daily
1785 census (ADC) than the maximum number specified in federal
1786 regulations for participation in the swing-bed program. Any
1787 hospital meeting all federal requirements for participation in the
1788 swing-bed program which receives such certificate of need shall
1789 render services provided under the swing-bed concept to any
1790 patient eligible for Medicare (Title XVIII of the Social Security
1791 Act) who is certified by a physician to be in need of such
1792 services, and no such hospital shall permit any patient who is
1793 eligible for both Medicaid and Medicare or eligible only for
1794 Medicaid to stay in the swing beds of the hospital for more than
1795 thirty (30) days per admission unless the hospital receives prior
1796 approval for such patient from the Division of Medicaid, Office of
1797 the Governor. Any hospital having more licensed beds or a higher
1798 average daily census (ADC) than the maximum number specified in
1799 federal regulations for participation in the swing-bed program
1800 which receives such certificate of need shall develop a procedure
1801 to insure that before a patient is allowed to stay in the swing
1802 beds of the hospital, there are no vacant nursing home beds
1803 available for that patient located within a fifty-mile radius of
1804 the hospital. When any such hospital has a patient staying in the
1805 swing beds of the hospital and the hospital receives notice from a
1806 nursing home located within such radius that there is a vacant bed

1807 available for that patient, the hospital shall transfer the
1808 patient to the nursing home within a reasonable time after receipt
1809 of the notice. Any hospital which is subject to the requirements
1810 of the two (2) preceding sentences of this paragraph may be
1811 suspended from participation in the swing-bed program for a
1812 reasonable period of time by the State Department of Health if the
1813 department, after a hearing complying with due process, determines
1814 that the hospital has failed to comply with any of those
1815 requirements.

1816 (9) The Department of Health shall not grant approval for or
1817 issue a certificate of need to any person proposing the new
1818 construction of, addition to or expansion of a health care
1819 facility as defined in subparagraph (viii) of Section 41-7-173(h).

1820 (10) The Department of Health shall not grant approval for
1821 or issue a certificate of need to any person proposing the
1822 establishment of, or expansion of the currently approved territory
1823 of, or the contracting to establish a home office, subunit or
1824 branch office within the space operated as a health care facility
1825 as defined in Section 41-7-173(h)(i) through (viii) by a health
1826 care facility as defined in subparagraph (ix) of Section
1827 41-7-173(h).

1828 (11) Health care facilities owned and/or operated by the
1829 state or its agencies are exempt from the restraints in this
1830 section against issuance of a certificate of need if such addition
1831 or expansion consists of repairing or renovation necessary to
1832 comply with the state licensure law. This exception shall not
1833 apply to the new construction of any building by such state
1834 facility. This exception shall not apply to any health care
1835 facilities owned and/or operated by counties, municipalities,
1836 districts, unincorporated areas, other defined persons, or any
1837 combination thereof.

1838 (12) The new construction, renovation or expansion of or
1839 addition to any health care facility defined in subparagraph (ii)
1840 (psychiatric hospital), subparagraph (iv) (skilled nursing

1841 facility), subparagraph (vi) (intermediate care facility),
1842 subparagraph (viii) (intermediate care facility for the mentally
1843 retarded) and subparagraph (x) (psychiatric residential treatment
1844 facility) of Section 41-7-173(h) which is owned by the State of
1845 Mississippi and under the direction and control of the State
1846 Department of Mental Health, and the addition of new beds or the
1847 conversion of beds from one category to another in any such
1848 defined health care facility which is owned by the State of
1849 Mississippi and under the direction and control of the State
1850 Department of Mental Health, shall not require the issuance of a
1851 certificate of need under Section 41-7-171 et seq.,
1852 notwithstanding any provision in Section 41-7-171 et seq. to the
1853 contrary.

1854 (13) The new construction, renovation or expansion of or
1855 addition to any veterans homes or domiciliaries for eligible
1856 veterans of the State of Mississippi as authorized under Section
1857 35-1-19 shall not require the issuance of a certificate of need,
1858 notwithstanding any provision in Section 41-7-171 et seq. to the
1859 contrary.

1860 (14) The new construction of a nursing facility or nursing
1861 facility beds or the conversion of other beds to nursing facility
1862 beds shall not require the issuance of a certificate of need,
1863 notwithstanding any provision in Section 41-7-171 et seq. to the
1864 contrary, if the conditions of this subsection are met.

1865 (a) Before any construction or conversion may be
1866 undertaken without a certificate of need, the owner of the nursing
1867 facility, in the case of an existing facility, or the applicant to
1868 construct a nursing facility, in the case of new construction,
1869 first must file a written notice of intent and sign a written
1870 agreement with the State Department of Health that the entire
1871 nursing facility will not at any time participate in or have any
1872 beds certified for participation in the Medicaid program (Section
1873 43-13-101 et seq.), will not admit or keep any patients in the
1874 nursing facility who are participating in the Medicaid program,

1875 and will not submit any claim for Medicaid reimbursement for any
1876 patient in the facility. This written agreement by the owner or
1877 applicant shall be a condition of exercising the authority under
1878 this subsection without a certificate of need, and the agreement
1879 shall be fully binding on any subsequent owner of the nursing
1880 facility if the ownership of the facility is transferred at any
1881 time after the agreement is signed. After the written agreement
1882 is signed, the Division of Medicaid and the State Department of
1883 Health shall not certify any beds in the nursing facility for
1884 participation in the Medicaid program. If the nursing facility
1885 violates the terms of the written agreement by participating in
1886 the Medicaid program, having any beds certified for participation
1887 in the Medicaid program, admitting or keeping any patient in the
1888 facility who is participating in the Medicaid program, or
1889 submitting any claim for Medicaid reimbursement for any patient in
1890 the facility, the State Department of Health shall revoke the
1891 license of the nursing facility at the time that the department
1892 determines, after a hearing complying with due process, that the
1893 facility has violated the terms of the written agreement.

1894 (b) For the purposes of this subsection, participation
1895 in the Medicaid program by a nursing facility includes Medicaid
1896 reimbursement of coinsurance and deductibles for recipients who
1897 are qualified Medicare beneficiaries and/or those who are dually
1898 eligible. Any nursing facility exercising the authority under
1899 this subsection may not bill or submit a claim to the Division of
1900 Medicaid for services to qualified Medicare beneficiaries and/or
1901 those who are dually eligible.

1902 (c) The new construction of a nursing facility or
1903 nursing facility beds or the conversion of other beds to nursing
1904 facility beds described in this section must be either a part of a
1905 completely new continuing care retirement community, as described
1906 in the latest edition of the Mississippi State Health Plan, or an
1907 addition to existing personal care and independent living
1908 components, and so that the completed project will be a continuing

1909 care retirement community, containing (i) independent living
1910 accommodations, (ii) personal care beds, and (iii) the nursing
1911 home facility beds. The three (3) components must be located on a
1912 single site and be operated as one (1) inseparable facility. The
1913 nursing facility component must contain a minimum of thirty (30)
1914 beds. Any nursing facility beds authorized by this section will
1915 not be counted against the bed need set forth in the State Health
1916 Plan, as identified in Section 41-7-171, et seq.

1917 This subsection (14) shall stand repealed from and after July
1918 1, 2001.

1919 SECTION 3. This act shall take effect and be in force from
1920 and after its passage.