

*****Pending*****

AMENDMENT No. 1 PROPOSED TO

House Bill NO. 834

By Senator(s) Committee

**Amend by striking all after the enacting clause and inserting
in lieu thereof the following:**

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

penalty from the calculation of the Medicaid Capital Cost Component utilized to determine total hospital costs allocated to the Medicaid Program.

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

(3) Laboratory and X-ray services.

(4) Nursing facility services.

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

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

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

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

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

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

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

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

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

(A) In each of the areas of expertise defined under subparagraphs (i)(A) and (i)(B), the Executive Director of the Division of Medicaid shall appoint one (1) person chosen from the private sector nursing home industry in the state, which may

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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.

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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

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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

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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 This paragraph (e) shall stand repealed from and after July
221 1, 2001.

222 From and after July 1, 2000, a Joint Study Committee on the
223 nursing facility preadmission screening program shall be
224 established to advise the Division of Medicaid and make a report
225 to the Legislature with recommendations relative to the
226 continuation or discontinuation of the program. The committee
227 shall be composed of the respective Chairmen and Vice-Chairmen of
228 the Senate Public Health and Welfare Committee, the Senate
229 Appropriations Committee, the House Public Health and Welfare
230 Committee, the House Appropriations Committee, one (1) member of
231 the Senate appointed by the Chairman of the Senate Public Health
232 and Welfare Committee and one (1) member of the House appointed by
233 the Chairman of the House Public Health and Welfare Committee.
234 The chairman of the committee shall be the Chairman of the Senate
235 Public Health and Welfare Committee. Final recommendations of the
236 joint study committee shall require a majority vote of the Senate
237 members and a majority vote of the House members. Members of the

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238 committee shall receive the same per diem and expense
239 reimbursement authorized for legislators when attending committee
240 meetings when the Legislature is not in session. The committee
241 shall meet not less than twice annually and shall be furnished
242 written notice of the meetings at least ten (10) days prior to the
243 date of the meeting. The study committee, among its duties and
244 responsibilities prescribed and agreed to, shall:

245 (i) Advise the division with respect to the
246 nursing facility preadmission screening program;

247 (ii) Communicate the views of the medical care and
248 nursing facility associations to the division relating to the
249 program and communicate the views of the division to the medical
250 care and nursing facility associations; and

251 (iii) Provide a written report on or before
252 November 30, 2000, to the Lieutenant Governor and Speaker of the
253 House of Representatives regarding the continuation or
254 discontinuation of the nursing facility preadmission screening
255 program.

256 (f) When a facility of a category that does not require
257 a certificate of need for construction and that could not be
258 eligible for Medicaid reimbursement is constructed to nursing
259 facility specifications for licensure and certification, and the
260 facility is subsequently converted to a nursing facility pursuant
261 to a certificate of need that authorizes conversion only and the
262 applicant for the certificate of need was assessed an application
263 review fee based on capital expenditures incurred in constructing
264 the facility, the division shall allow reimbursement for capital
265 expenditures necessary for construction of the facility that were
266 incurred within the twenty-four (24) consecutive calendar months
267 immediately preceding the date that the certificate of need
268 authorizing such conversion was issued, to the same extent that
269 reimbursement would be allowed for construction of a new nursing
270 facility pursuant to a certificate of need that authorizes such

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271 construction. The reimbursement authorized in this subparagraph
272 (f) may be made only to facilities the construction of which was
273 completed after June 30, 1989. Before the division shall be
274 authorized to make the reimbursement authorized in this
275 subparagraph (f), the division first must have received approval
276 from the Health Care Financing Administration of the United States
277 Department of Health and Human Services of the change in the state
278 Medicaid plan providing for such reimbursement.

279 (5) Periodic screening and diagnostic services for
280 individuals under age twenty-one (21) years as are needed to
281 identify physical and mental defects and to provide health care
282 treatment and other measures designed to correct or ameliorate
283 defects and physical and mental illness and conditions discovered
284 by the screening services regardless of whether these services are
285 included in the state plan. The division may include in its
286 periodic screening and diagnostic program those discretionary
287 services authorized under the federal regulations adopted to
288 implement Title XIX of the federal Social Security Act, as
289 amended. The division, in obtaining physical therapy services,
290 occupational therapy services, and services for individuals with
291 speech, hearing and language disorders, may enter into a
292 cooperative agreement with the State Department of Education for
293 the provision of such services to handicapped students by public
294 school districts using state funds which are provided from the
295 appropriation to the Department of Education to obtain federal
296 matching funds through the division. The division, in obtaining
297 medical and psychological evaluations for children in the custody
298 of the State Department of Human Services may enter into a
299 cooperative agreement with the State Department of Human Services
300 for the provision of such services using state funds which are
301 provided from the appropriation to the Department of Human
302 Services to obtain federal matching funds through the division.

303 On July 1, 1993, all fees for periodic screening and

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304 diagnostic services under this paragraph (5) shall be increased by
305 twenty-five percent (25%) of the reimbursement rate in effect on
306 June 30, 1993.

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

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

316 (b) The division may revise reimbursement for home
317 health services in order to establish equity between reimbursement
318 for home health services and reimbursement for institutional
319 services within the Medicaid program. This paragraph (b) shall
320 stand repealed on July 1, 1997.

321 (8) Emergency medical transportation services. On January
322 1, 1994, emergency medical transportation services shall be
323 reimbursed at seventy percent (70%) of the rate established under
324 Medicare (Title XVIII of the Social Security Act), as amended.
325 "Emergency medical transportation services" shall mean, but shall
326 not be limited to, the following services by a properly permitted
327 ambulance operated by a properly licensed provider in accordance
328 with the Emergency Medical Services Act of 1974 (Section 41-59-1
329 et seq.): (i) basic life support, (ii) advanced life support,
330 (iii) mileage, (iv) oxygen, (v) intravenous fluids, (vi)
331 disposable supplies, (vii) similar services.

332 (9) Legend and other drugs as may be determined by the
333 division. The division may implement a program of prior approval
334 for drugs to the extent permitted by law. Payment by the division
335 for covered multiple source drugs shall be limited to the lower of
336 the upper limits established and published by the Health Care

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337 Financing Administration (HCFA) plus a dispensing fee of Four
338 Dollars and Ninety-one Cents (\$4.91), or the estimated acquisition
339 cost (EAC) as determined by the division plus a dispensing fee of
340 Four Dollars and Ninety-one Cents (\$4.91), or the providers' usual
341 and customary charge to the general public. The division shall
342 allow five (5) prescriptions per month for noninstitutionalized
343 Medicaid recipients.

344 Payment for other covered drugs, other than multiple source
345 drugs with HCFA upper limits, shall not exceed the lower of the
346 estimated acquisition cost as determined by the division plus a
347 dispensing fee of Four Dollars and Ninety-one Cents (\$4.91) or the
348 providers' usual and customary charge to the general public.

349 Payment for nonlegend or over-the-counter drugs covered on
350 the division's formulary shall be reimbursed at the lower of the
351 division's estimated shelf price or the providers' usual and
352 customary charge to the general public. No dispensing fee shall
353 be paid.

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

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

367 (10) Dental care that is an adjunct to treatment of an acute
368 medical or surgical condition; services of oral surgeons and
369 dentists in connection with surgery related to the jaw or any

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370 structure contiguous to the jaw or the reduction of any fracture
371 of the jaw or any facial bone; and emergency dental extractions
372 and treatment related thereto. On January 1, 1994, all fees for
373 dental care and surgery under authority of this paragraph (10)
374 shall be increased by twenty percent (20%) of the reimbursement
375 rate as provided in the Dental Services Provider Manual in effect
376 on December 31, 1993.

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

380 (12) Intermediate care facility services.

381 (a) The division shall make full payment to all
382 intermediate care facilities for the mentally retarded for each
383 day, not exceeding thirty-six (36) days per year, that a patient
384 is absent from the facility on home leave. However, before
385 payment may be made for more than eighteen (18) home leave days in
386 a year for a patient, the patient must have written authorization
387 from a physician stating that the patient is physically and
388 mentally able to be away from the facility on home leave. Such
389 authorization must be filed with the division before it will be
390 effective, and the authorization shall be effective for three (3)
391 months from the date it is received by the division, unless it is
392 revoked earlier by the physician because of a change in the
393 condition of the patient.

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

397 (13) Family planning services, including drugs, supplies and
398 devices, when such services are under the supervision of a
399 physician.

400 (14) Clinic services. Such diagnostic, preventive,
401 therapeutic, rehabilitative or palliative services furnished to an
402 outpatient by or under the supervision of a physician or dentist

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403 in a facility which is not a part of a hospital but which is
404 organized and operated to provide medical care to outpatients.
405 Clinic services shall include any services reimbursed as
406 outpatient hospital services which may be rendered in such a
407 facility, including those that become so after July 1, 1991. On
408 January 1, 1994, all fees for physicians' services reimbursed
409 under authority of this paragraph (14) shall be reimbursed at
410 seventy percent (70%) of the rate established on January 1, 1993,
411 under Medicare (Title XVIII of the Social Security Act), as
412 amended, or the amount that would have been paid under the
413 division's fee schedule that was in effect on December 31, 1993,
414 whichever is greater, and the division may adjust the physicians'
415 reimbursement schedule to reflect the differences in relative
416 value between Medicaid and Medicare. However, on January 1, 1994,
417 the division may increase any fee for physicians' services in the
418 division's fee schedule on December 31, 1993, that was greater
419 than seventy percent (70%) of the rate established under Medicare
420 by no more than ten percent (10%). On January 1, 1994, all fees
421 for dentists' services reimbursed under authority of this
422 paragraph (14) shall be increased by twenty percent (20%) of the
423 reimbursement rate as provided in the Dental Services Provider
424 Manual in effect on December 31, 1993.

425 (15) Home- and community-based services, as provided under
426 Title XIX of the federal Social Security Act, as amended, under
427 waivers, subject to the availability of funds specifically
428 appropriated therefor by the Legislature. Payment for such
429 services shall be limited to individuals who would be eligible for
430 and would otherwise require the level of care provided in a
431 nursing facility. The home- and community-based services
432 authorized under this paragraph shall be expanded to four thousand
433 four hundred (4,400) recipients over a five-year period beginning
434 July 1, 1999. The division shall certify case management agencies
435 to provide case management services and provide for home- and

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436 community-based services for eligible individuals under this
437 paragraph. The home- and community-based services under this
438 paragraph and the activities performed by certified case
439 management agencies under this paragraph shall be funded using
440 state funds that are provided from the appropriation to the
441 Division of Medicaid and used to match federal funds * * *.

442 (16) Mental health services. Approved therapeutic and case
443 management services provided by (a) an approved regional mental
444 health/retardation center established under Sections 41-19-31
445 through 41-19-39, or by another community mental health service
446 provider meeting the requirements of the Department of Mental
447 Health to be an approved mental health/retardation center if
448 determined necessary by the Department of Mental Health, using
449 state funds which are provided from the appropriation to the State
450 Department of Mental Health and used to match federal funds under
451 a cooperative agreement between the division and the department,
452 or (b) a facility which is certified by the State Department of
453 Mental Health to provide therapeutic and case management services,
454 to be reimbursed on a fee for service basis. Any such services
455 provided by a facility described in paragraph (b) must have the
456 prior approval of the division to be reimbursable under this
457 section. After June 30, 1997, mental health services provided by
458 regional mental health/retardation centers established under
459 Sections 41-19-31 through 41-19-39, or by hospitals as defined in
460 Section 41-9-3(a) and/or their subsidiaries and divisions, or by
461 psychiatric residential treatment facilities as defined in Section
462 43-11-1, or by another community mental health service provider
463 meeting the requirements of the Department of Mental Health to be
464 an approved mental health/retardation center if determined
465 necessary by the Department of Mental Health, shall not be
466 included in or provided under any capitated managed care pilot
467 program provided for under paragraph (24) of this section.

468 (17) Durable medical equipment services and medical supplies

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469 restricted to patients receiving home health services unless
470 waived on an individual basis by the division. The division shall
471 not expend more than Three Hundred Thousand Dollars (\$300,000.00)
472 of state funds annually to pay for medical supplies authorized
473 under this paragraph.

474 (18) Notwithstanding any other provision of this section to
475 the contrary, the division shall make additional reimbursement to
476 hospitals which serve a disproportionate share of low-income
477 patients and which meet the federal requirements for such payments
478 as provided in Section 1923 of the federal Social Security Act and
479 any applicable regulations.

480 (19) (a) Perinatal risk management services. The division
481 shall promulgate regulations to be effective from and after
482 October 1, 1988, to establish a comprehensive perinatal system for
483 risk assessment of all pregnant and infant Medicaid recipients and
484 for management, education and follow-up for those who are
485 determined to be at risk. Services to be performed include case
486 management, nutrition assessment/counseling, psychosocial
487 assessment/counseling and health education. The division shall
488 set reimbursement rates for providers in conjunction with the
489 State Department of Health.

490 (b) Early intervention system services. The division
491 shall cooperate with the State Department of Health, acting as
492 lead agency, in the development and implementation of a statewide
493 system of delivery of early intervention services, pursuant to
494 Part H of the Individuals with Disabilities Education Act (IDEA).
495 The State Department of Health shall certify annually in writing
496 to the director of the division the dollar amount of state early
497 intervention funds available which shall be utilized as a
498 certified match for Medicaid matching funds. Those funds then
499 shall be used to provide expanded targeted case management
500 services for Medicaid eligible children with special needs who are
501 eligible for the state's early intervention system.

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502 Qualifications for persons providing service coordination shall be
503 determined by the State Department of Health and the Division of
504 Medicaid.

505 (20) Home- and community-based services for physically
506 disabled approved services as allowed by a waiver from the U.S.
507 Department of Health and Human Services for home- and
508 community-based services for physically disabled people using
509 state funds which are provided from the appropriation to the State
510 Department of Rehabilitation Services and used to match federal
511 funds under a cooperative agreement between the division and the
512 department, provided that funds for these services are
513 specifically appropriated to the Department of Rehabilitation
514 Services.

515 (21) Nurse practitioner services. Services furnished by a
516 registered nurse who is licensed and certified by the Mississippi
517 Board of Nursing as a nurse practitioner including, but not
518 limited to, nurse anesthetists, nurse midwives, family nurse
519 practitioners, family planning nurse practitioners, pediatric
520 nurse practitioners, obstetrics-gynecology nurse practitioners and
521 neonatal nurse practitioners, under regulations adopted by the
522 division. Reimbursement for such services shall not exceed ninety
523 percent (90%) of the reimbursement rate for comparable services
524 rendered by a physician.

525 (22) Ambulatory services delivered in federally qualified
526 health centers and in clinics of the local health departments of
527 the State Department of Health for individuals eligible for
528 medical assistance under this article based on reasonable costs as
529 determined by the division.

530 (23) Inpatient psychiatric services. Inpatient psychiatric
531 services to be determined by the division for recipients under age
532 twenty-one (21) which are provided under the direction of a
533 physician in an inpatient program in a licensed acute care
534 psychiatric facility or in a licensed psychiatric residential

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535 treatment facility, before the recipient reaches age twenty-one
536 (21) or, if the recipient was receiving the services immediately
537 before he reached age twenty-one (21), before the earlier of the
538 date he no longer requires the services or the date he reaches age
539 twenty-two (22), as provided by federal regulations. Recipients
540 shall be allowed forty-five (45) days per year of psychiatric
541 services provided in acute care psychiatric facilities, and shall
542 be allowed unlimited days of psychiatric services provided in
543 licensed psychiatric residential treatment facilities.

544 (24) Managed care services in a program to be developed by
545 the division by a public or private provider. Notwithstanding any
546 other provision in this article to the contrary, the division
547 shall establish rates of reimbursement to providers rendering care
548 and services authorized under this section, and may revise such
549 rates of reimbursement without amendment to this section by the
550 Legislature for the purpose of achieving effective and accessible
551 health services, and for responsible containment of costs. This
552 shall include, but not be limited to, one (1) module of capitated
553 managed care in a rural area, and one (1) module of capitated
554 managed care in an urban area.

555 (25) Birthing center services.

556 (26) Hospice care. As used in this paragraph, the term
557 "hospice care" means a coordinated program of active professional
558 medical attention within the home and outpatient and inpatient
559 care which treats the terminally ill patient and family as a unit,
560 employing a medically directed interdisciplinary team. The
561 program provides relief of severe pain or other physical symptoms
562 and supportive care to meet the special needs arising out of
563 physical, psychological, spiritual, social and economic stresses
564 which are experienced during the final stages of illness and
565 during dying and bereavement and meets the Medicare requirements
566 for participation as a hospice as provided in 42 CFR Part 418.

567 (27) Group health plan premiums and cost sharing if it is

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568 cost effective as defined by the Secretary of Health and Human
569 Services.

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

574 (29) The Division of Medicaid may apply for a waiver from
575 the Department of Health and Human Services for home- and
576 community-based services for developmentally disabled people using
577 state funds which are provided from the appropriation to the State
578 Department of Mental Health and used to match federal funds under
579 a cooperative agreement between the division and the department,
580 provided that funds for these services are specifically
581 appropriated to the Department of Mental Health.

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

584 (31) Targeted case management services for children with
585 special needs, under waivers from the U.S. Department of Health
586 and Human Services, using state funds that are provided from the
587 appropriation to the Mississippi Department of Human Services and
588 used to match federal funds under a cooperative agreement between
589 the division and the department.

590 (32) Care and services provided in Christian Science
591 Sanatoria operated by or listed and certified by The First Church
592 of Christ Scientist, Boston, Massachusetts, rendered in connection
593 with treatment by prayer or spiritual means to the extent that
594 such services are subject to reimbursement under Section 1903 of
595 the Social Security Act.

596 (33) Podiatrist services.

597 (34) Personal care services provided in a pilot program to
598 not more than forty (40) residents at a location or locations to
599 be determined by the division and delivered by individuals
600 qualified to provide such services, as allowed by waivers under

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601 Title XIX of the Social Security Act, as amended. The division
602 shall not expend more than Three Hundred Thousand Dollars
603 (\$300,000.00) annually to provide such personal care services.
604 The division shall develop recommendations for the effective
605 regulation of any facilities that would provide personal care
606 services which may become eligible for Medicaid reimbursement
607 under this section, and shall present such recommendations with
608 any proposed legislation to the 1996 Regular Session of the
609 Legislature on or before January 1, 1996.

610 (35) Services and activities authorized in Sections
611 43-27-101 and 43-27-103, using state funds that are provided from
612 the appropriation to the State Department of Human Services and
613 used to match federal funds under a cooperative agreement between
614 the division and the department.

615 (36) Nonemergency transportation services for
616 Medicaid-eligible persons, to be provided by the Department of
617 Human Services. The division may contract with additional
618 entities to administer nonemergency transportation services as it
619 deems necessary. All providers shall have a valid driver's
620 license, vehicle inspection sticker and a standard liability
621 insurance policy covering the vehicle.

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

629 (38) Chiropractic services: a chiropractor's manual
630 manipulation of the spine to correct a subluxation, if x-ray
631 demonstrates that a subluxation exists and if the subluxation has
632 resulted in a neuromusculoskeletal condition for which
633 manipulation is appropriate treatment. Reimbursement for

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634 chiropractic services shall not exceed Seven Hundred Dollars
635 (\$700.00) per year per recipient.

636 Notwithstanding any provision of this article, except as
637 authorized in the following paragraph and in Section 43-13-139,
638 neither (a) the limitations on quantity or frequency of use of or
639 the fees or charges for any of the care or services available to
640 recipients under this section, nor (b) the payments or rates of
641 reimbursement to providers rendering care or services authorized
642 under this section to recipients, may be increased, decreased or
643 otherwise changed from the levels in effect on July 1, 1986,
644 unless such is authorized by an amendment to this section by the
645 Legislature. However, the restriction in this paragraph shall not
646 prevent the division from changing the payments or rates of
647 reimbursement to providers without an amendment to this section
648 whenever such changes are required by federal law or regulation,
649 or whenever such changes are necessary to correct administrative
650 errors or omissions in calculating such payments or rates of
651 reimbursement.

652 Notwithstanding any provision of this article, no new groups
653 or categories of recipients and new types of care and services may
654 be added without enabling legislation from the Mississippi
655 Legislature, except that the division may authorize such changes
656 without enabling legislation when such addition of recipients or
657 services is ordered by a court of proper authority. The director
658 shall keep the Governor advised on a timely basis of the funds
659 available for expenditure and the projected expenditures. In the
660 event current or projected expenditures can be reasonably
661 anticipated to exceed the amounts appropriated for any fiscal
662 year, the Governor, after consultation with the director, shall
663 discontinue any or all of the payment of the types of care and
664 services as provided herein which are deemed to be optional
665 services under Title XIX of the federal Social Security Act, as
666 amended, for any period necessary to not exceed appropriated

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667 funds, and when necessary shall institute any other cost
668 containment measures on any program or programs authorized under
669 the article to the extent allowed under the federal law governing
670 such program or programs, it being the intent of the Legislature
671 that expenditures during any fiscal year shall not exceed the
672 amounts appropriated for such fiscal year.

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

675 41-7-191. (1) No person shall engage in any of the
676 following activities without obtaining the required certificate of
677 need:

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

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

682 (c) A change over a period of two (2) years' time, as
683 established by the State Department of Health, in existing bed
684 complement through the addition of more than ten (10) beds or more
685 than ten percent (10%) of the total bed capacity of a designated
686 licensed category or subcategory of any health care facility,
687 whichever is less, from one physical facility or site to another;
688 the conversion over a period of two (2) years' time, as
689 established by the State Department of Health, of existing bed
690 complement of more than ten (10) beds or more than ten percent
691 (10%) of the total bed capacity of a designated licensed category
692 or subcategory of any such health care facility, whichever is
693 less; or the alteration, modernizing or refurbishing of any unit
694 or department wherein such beds may be located; provided, however,
695 that from and after July 1, 1994, no health care facility shall be
696 authorized to add any beds or convert any beds to another category
697 of beds without a certificate of need under the authority of
698 subsection (1)(c) of this section unless there is a projected need
699 for such beds in the planning district in which the facility is

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700 located, as reported in the most current State Health Plan;

701 (d) Offering of the following health services if those

702 services have not been provided on a regular basis by the proposed

703 provider of such services within the period of twelve (12) months

704 prior to the time such services would be offered:

705 (i) Open heart surgery services;

706 (ii) Cardiac catheterization services;

707 (iii) Comprehensive inpatient rehabilitation

708 services;

709 (iv) Licensed psychiatric services;

710 (v) Licensed chemical dependency services;

711 (vi) Radiation therapy services;

712 (vii) Diagnostic imaging services of an invasive

713 nature, i.e. invasive digital angiography;

714 (viii) Nursing home care as defined in

715 subparagraphs (iv), (vi) and (viii) of Section 41-7-173(h);

716 (ix) Home health services;

717 (x) Swing-bed services;

718 (xi) Ambulatory surgical services;

719 (xii) Magnetic resonance imaging services;

720 (xiii) Extracorporeal shock wave lithotripsy

721 services;

722 (xiv) Long-term care hospital services;

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

724 (e) The relocation of one or more health services from

725 one physical facility or site to another physical facility or

726 site, unless such relocation, which does not involve a capital

727 expenditure by or on behalf of a health care facility, is the

728 result of an order of a court of appropriate jurisdiction or a

729 result of pending litigation in such court, or by order of the

730 State Department of Health, or by order of any other agency or

731 legal entity of the state, the federal government, or any

732 political subdivision of either, whose order is also approved by

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733 the State Department of Health;

734 (f) The acquisition or otherwise control of any major
735 medical equipment for the provision of medical services; provided,
736 however, that the acquisition of any major medical equipment used
737 only for research purposes shall be exempt from this paragraph; an
738 acquisition for less than fair market value must be reviewed, if
739 the acquisition at fair market value would be subject to review;

740 (g) Changes of ownership of existing health care
741 facilities in which a notice of intent is not filed with the State
742 Department of Health at least thirty (30) days prior to the date
743 such change of ownership occurs, or a change in services or bed
744 capacity as prescribed in paragraph (c) or (d) of this subsection
745 as a result of the change of ownership; an acquisition for less
746 than fair market value must be reviewed, if the acquisition at
747 fair market value would be subject to review;

748 (h) The change of ownership of any health care facility
749 defined in subparagraphs (iv), (vi) and (viii) of Section
750 41-7-173(h), in which a notice of intent as described in paragraph
751 (g) has not been filed and if the Executive Director, Division of
752 Medicaid, Office of the Governor, has not certified in writing
753 that there will be no increase in allowable costs to Medicaid from
754 revaluation of the assets or from increased interest and
755 depreciation as a result of the proposed change of ownership;

756 (i) Any activity described in paragraphs (a) through
757 (h) if undertaken by any person if that same activity would
758 require certificate of need approval if undertaken by a health
759 care facility;

760 (j) Any capital expenditure or deferred capital
761 expenditure by or on behalf of a health care facility not covered
762 by paragraphs (a) through (h);

763 (k) The contracting of a health care facility as
764 defined in subparagraphs (i) through (viii) of Section 41-7-173(h)
765 to establish a home office, subunit, or branch office in the space

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

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

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

785 (b) The department may issue a certificate of need to
786 any of the hospitals in the state which have a distinct part
787 component of the hospital that was constructed for extended care
788 use (nursing home care) but is not currently licensed to provide
789 nursing home care, which certificate of need will authorize the
790 distinct part component to be operated to provide nursing home
791 care after a license is obtained. The six (6) hospitals which
792 currently have these distinct part components and which are
793 eligible for a certificate of need under this section are:
794 Webster General Hospital in Webster County, Tippah County General
795 Hospital in Tippah County, Tishomingo County Hospital in
796 Tishomingo County, North Sunflower County Hospital in Sunflower
797 County, H.C. Watkins Hospital in Clarke County and Northwest
798 Regional Medical Center in Coahoma County. Because the facilities

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799 to be considered currently exist and no new construction is
800 required, the provision of Section 41-7-193(1) regarding
801 substantial compliance with the projection of need as reported in
802 the 1989 State Health Plan is waived. The total number of nursing
803 home care beds that may be authorized by certificates of need
804 issued under this paragraph shall not exceed one hundred
805 fifty-four (154) beds.

806 (c) The department may issue a certificate of need to
807 any person proposing the new construction of any health care
808 facility defined in subparagraphs (iv) and (vi) of Section
809 41-7-173(h) as part of a life care retirement facility, in any
810 county bordering on the Gulf of Mexico in which is located a
811 National Aeronautics and Space Administration facility, not to
812 exceed forty (40) beds, provided that the owner of the health care
813 facility on July 1, 1994, agrees in writing that no more than
814 twenty (20) of the beds in the health care facility will be
815 certified for participation in the Medicaid program (Section
816 43-13-101 et seq.), and that no claim will be submitted for
817 Medicaid reimbursement for more than twenty (20) patients in the
818 health care facility in any day or for any patient in the health
819 care facility who is in a bed that is not Medicaid-certified.
820 This written agreement by the owner of the health care facility on
821 July 1, 1994, shall be fully binding on any subsequent owner of
822 the health care facility if the ownership of the health care
823 facility is transferred at any time after July 1, 1994. After
824 this written agreement is executed, the Division of Medicaid and
825 the State Department of Health shall not certify more than twenty
826 (20) of the beds in the health care facility for participation in
827 the Medicaid program. If the health care facility violates the
828 terms of the written agreement by admitting or keeping in the
829 health care facility on a regular or continuing basis more than
830 twenty (20) patients who are participating in the Medicaid
831 program, the State Department of Health shall revoke the license

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832 of the health care facility, at the time that the department
833 determines, after a hearing complying with due process, that the
834 health care facility has violated the terms of the written
835 agreement as provided in this paragraph.

836 (d) The department may issue a certificate of need for
837 the conversion of existing beds in a county district hospital or
838 in a personal care home in Holmes County to provide nursing home
839 care in the county. Because the facilities to be considered
840 currently exist, no new construction shall be authorized by such
841 certificate of need. Because the facilities to be considered
842 currently exist and no new construction is required, the provision
843 of Section 41-7-193(1) regarding substantial compliance with the
844 projection of need as reported in the 1989 State Health Plan is
845 waived. The total number of nursing home care beds that may be
846 authorized by any certificate of need issued under this paragraph
847 shall not exceed sixty (60) beds.

848 (e) The department may issue a certificate of need for
849 the conversion of existing hospital beds to provide nursing home
850 care in a county hospital in Jasper County that has its own
851 licensed nursing home located adjacent to the hospital. The total
852 number of nursing home care beds that may be authorized by any
853 certificate of need issued under this paragraph shall not exceed
854 twenty (20) beds.

855 (f) The department may issue a certificate of need for
856 the conversion of existing hospital beds in a hospital in Calhoun
857 County to provide nursing home care in the county. The total
858 number of nursing home care beds that may be authorized by any
859 certificate of need issued under this paragraph shall not exceed
860 twenty (20) beds.

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

864 (h) Provided all criteria specified in the 1989 State

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865 Health Plan are met and the proposed nursing home is within no
866 more than a fifteen-minute transportation time to an existing
867 hospital, the department may issue a certificate of need for the
868 construction of one (1) sixty-bed nursing home in Benton County.

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

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

879 (k) The department may issue certificates of need in
880 Harrison County to provide skilled nursing home care for
881 Alzheimer's Disease patients and other patients, not to exceed one
882 hundred fifty (150) beds, provided that (i) the owner of the
883 health care facility issued a certificate of need for sixty (60)
884 beds agrees in writing that no more than thirty (30) of the beds
885 in the health care facility will be certified for participation in
886 the Medicaid program (Section 43-13-101 et seq.), (ii) the owner
887 of one (1) of the health care facilities issued a certificate of
888 need for forty-five (45) beds agrees in writing that no more than
889 twenty-three (23) of the beds in the health care facility will be
890 certified for participation in the Medicaid program, and (iii) the
891 owner of the other health care facility issued a certificate of
892 need for forty-five (45) beds agrees in writing that no more than
893 twenty-two (22) of the beds in the health care facility will be
894 certified for participation in the Medicaid program, and that no
895 claim will be submitted for Medicaid reimbursement for a number of
896 patients in the health care facility in any day that is greater
897 than the number of beds certified for participation in the

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898 Medicaid program or for any patient in the health care facility
899 who is in a bed that is not Medicaid-certified. These written
900 agreements by the owners of the health care facilities on July 1,
901 1995, shall be fully binding on any subsequent owner of any of the
902 health care facilities if the ownership of any of the health care
903 facilities is transferred at any time after July 1, 1995. After
904 these written agreements are executed, the Division of Medicaid
905 and the State Department of Health shall not certify for
906 participation in the Medicaid program more than the number of beds
907 authorized for participation in the Medicaid program under this
908 paragraph (k) for each respective facility. If any of the health
909 care facilities violates the terms of the written agreement by
910 admitting or keeping in the health care facility on a regular or
911 continuing basis a number of patients that is greater than the
912 number of beds certified for participation in the Medicaid
913 program, the State Department of Health shall revoke the license
914 of the health care facility, at the time that the department
915 determines, after a hearing complying with due process, that the
916 health care facility has violated the terms of the written
917 agreement as provided in this paragraph.

918 (1) The department may issue certificates of need for
919 the new construction of, addition to, or expansion of any skilled
920 nursing facility or intermediate care facility in Jackson County,
921 not to exceed a total of sixty (60) beds.

922 (m) The department may issue a certificate of need for
923 the new construction of, addition to, or expansion of a nursing
924 home, or the conversion of existing hospital beds to provide
925 nursing home care, in Hancock County. The total number of nursing
926 home care beds that may be authorized by any certificate of need
927 issued under this paragraph shall not exceed sixty (60) beds.

928 (n) The department may issue a certificate of need to
929 any intermediate care facility as defined in Section
930 41-7-173(h)(vi) in Marion County which has fewer than sixty (60)

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931 beds, for making additions to or expansion or replacement of the
932 existing facility in order to increase the number of its beds to
933 not more than sixty (60) beds. For the purposes of this
934 paragraph, the provision of Section 41-7-193(1) requiring
935 substantial compliance with the projection of need as reported in
936 the current State Health Plan is waived. The total number of
937 nursing home beds that may be authorized by any certificate of
938 need issued under this paragraph shall not exceed twenty-five (25)
939 beds.

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

946 (p) The department shall issue a certificate of need
947 for the construction, expansion or conversion of nursing home
948 care, not to exceed thirty-three (33) beds, in Pontotoc County.
949 The provisions of Section 41-7-193(1) regarding substantial
950 compliance with the projection of need as reported in the current
951 State Health Plan are hereby waived as to such construction,
952 expansion or conversion.

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

959 (r) The department may issue a certificate of need for
960 the addition to or expansion of any skilled nursing facility that
961 is part of an existing continuing care retirement community
962 located in Madison County, provided that the recipient of the
963 certificate of need agrees in writing that the skilled nursing

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964 facility will not at any time participate in the Medicaid program
965 (Section 43-13-101 et seq.) or admit or keep any patients in the
966 skilled nursing facility who are participating in the Medicaid
967 program. This written agreement by the recipient of the
968 certificate of need shall be fully binding on any subsequent owner
969 of the skilled nursing facility, if the ownership of the facility
970 is transferred at any time after the issuance of the certificate
971 of need. Agreement that the skilled nursing facility will not
972 participate in the Medicaid program shall be a condition of the
973 issuance of a certificate of need to any person under this
974 paragraph (r), and if such skilled nursing facility at any time
975 after the issuance of the certificate of need, regardless of the
976 ownership of the facility, participates in the Medicaid program or
977 admits or keeps any patients in the facility who are participating
978 in the Medicaid program, the State Department of Health shall
979 revoke the certificate of need, if it is still outstanding, and
980 shall deny or revoke the license of the skilled nursing facility,
981 at the time that the department determines, after a hearing
982 complying with due process, that the facility has failed to comply
983 with any of the conditions upon which the certificate of need was
984 issued, as provided in this paragraph and in the written agreement
985 by the recipient of the certificate of need. The total number of
986 beds that may be authorized under the authority of this paragraph
987 (r) shall not exceed sixty (60) beds.

988 (s) The State Department of Health may issue a
989 certificate of need to any hospital located in DeSoto County for
990 the new construction of a skilled nursing facility, not to exceed
991 one hundred twenty (120) beds, in DeSoto County, provided that the
992 recipient of the certificate of need agrees in writing that no
993 more than thirty (30) of the beds in the skilled nursing facility
994 will be certified for participation in the Medicaid program
995 (Section 43-13-101 et seq.), and that no claim will be submitted
996 for Medicaid reimbursement for more than thirty (30) patients in

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997 the facility in any day or for any patient in the facility who is
998 in a bed that is not Medicaid-certified. This written agreement
999 by the recipient of the certificate of need shall be a condition
1000 of the issuance of the certificate of need under this paragraph,
1001 and the agreement shall be fully binding on any subsequent owner
1002 of the skilled nursing facility if the ownership of the facility
1003 is transferred at any time after the issuance of the certificate
1004 of need. After this written agreement is executed, the Division
1005 of Medicaid and the State Department of Health shall not certify
1006 more than thirty (30) of the beds in the skilled nursing facility
1007 for participation in the Medicaid program. If the skilled nursing
1008 facility violates the terms of the written agreement by admitting
1009 or keeping in the facility on a regular or continuing basis more
1010 than thirty (30) patients who are participating in the Medicaid
1011 program, the State Department of Health shall revoke the license
1012 of the facility, at the time that the department determines, after
1013 a hearing complying with due process, that the facility has
1014 violated the condition upon which the certificate of need was
1015 issued, as provided in this paragraph and in the written
1016 agreement. If the skilled nursing facility authorized by the
1017 certificate of need issued under this paragraph is not constructed
1018 and fully operational within eighteen (18) months after July 1,
1019 1994, the State Department of Health, after a hearing complying
1020 with due process, shall revoke the certificate of need, if it is
1021 still outstanding, and shall not issue a license for the facility
1022 at any time after the expiration of the eighteen-month period.

1023 (t) The State Department of Health may issue a
1024 certificate of need for the construction of a nursing facility or
1025 the conversion of beds to nursing facility beds at a personal care
1026 facility for the elderly in Lowndes County that is owned and
1027 operated by a Mississippi nonprofit corporation, not to exceed
1028 sixty (60) beds, provided that the recipient of the certificate of
1029 need agrees in writing that no more than thirty (30) of the beds

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1030 at the facility will be certified for participation in the
1031 Medicaid program (Section 43-13-101 et seq.), and that no claim
1032 will be submitted for Medicaid reimbursement for more than thirty
1033 (30) patients in the facility in any month or for any patient in
1034 the 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 nursing facility
1052 or nursing facility beds authorized by the certificate of need
1053 issued under this paragraph are not constructed or converted and
1054 fully operational within eighteen (18) months after July 1, 1994,
1055 the State Department of Health, after a hearing complying with due
1056 process, shall revoke the certificate of need, if it is still
1057 outstanding, and shall not issue a license for the nursing
1058 facility or nursing facility beds at any time after the expiration
1059 of the eighteen-month period.

1060 (u) The State Department of Health may issue a
1061 certificate of need for conversion of a county hospital facility
1062 in Itawamba County to a nursing facility, not to exceed sixty (60)

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1063 beds, including any necessary construction, renovation or
1064 expansion, provided that the recipient of the certificate of need
1065 agrees in writing that no more than thirty (30) of the beds at the
1066 facility will be certified for participation in the Medicaid
1067 program (Section 43-13-101 et seq.), and that no claim will be
1068 submitted for Medicaid reimbursement for more than thirty (30)
1069 patients in the facility in any day or for any patient in the
1070 facility who is in a bed that is not Medicaid-certified. This
1071 written agreement by the recipient of the certificate of need
1072 shall be a condition of the issuance of the certificate of need
1073 under this paragraph, and the agreement shall be fully binding on
1074 any subsequent owner of the facility if the ownership of the
1075 facility is transferred at any time after the issuance of the
1076 certificate of need. After this written agreement is executed,
1077 the Division of Medicaid and the State Department of Health shall
1078 not certify more than thirty (30) of the beds in the facility for
1079 participation in the Medicaid program. If the facility violates
1080 the terms of the written agreement by admitting or keeping in the
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 facility, at
1084 the time that the department determines, after a hearing complying
1085 with due process, that the facility has violated the condition
1086 upon which the certificate of need was issued, as provided in this
1087 paragraph and in the written agreement. If the beds authorized by
1088 the certificate of need issued under this paragraph are not
1089 converted to nursing facility beds and fully operational within
1090 eighteen (18) months after July 1, 1994, the State Department of
1091 Health, after a hearing complying with due process, shall revoke
1092 the certificate of need, if it is still outstanding, and shall not
1093 issue a license for the facility at any time after the expiration
1094 of the eighteen-month period.

1095 (v) The State Department of Health may issue a

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1096 certificate of need for the construction or expansion of nursing
1097 facility beds or the conversion of other beds to nursing facility
1098 beds in either Hinds, Madison or Rankin Counties, not to exceed
1099 sixty (60) beds, provided that the recipient of the certificate of
1100 need agrees in writing that no more than thirty (30) of the beds
1101 at the nursing facility will be certified for participation in the
1102 Medicaid program (Section 43-13-101 et seq.), and that no claim
1103 will be submitted for Medicaid reimbursement for more than thirty
1104 (30) patients in the nursing facility in any day or for any
1105 patient in the nursing facility who is in a bed that is not
1106 Medicaid-certified. This written agreement by the recipient of
1107 the certificate of need shall be a condition of the issuance of
1108 the certificate of need under this paragraph, and the agreement
1109 shall be fully binding on any subsequent owner of the nursing
1110 facility if the ownership of the nursing facility is transferred
1111 at any time after the issuance of the certificate of need. After
1112 this written agreement is executed, the Division of Medicaid and
1113 the State Department of Health shall not certify more than thirty
1114 (30) of the beds in the nursing facility for participation in the
1115 Medicaid program. If the nursing facility violates the terms of
1116 the written agreement by admitting or keeping in the nursing
1117 facility on a regular or continuing basis more than thirty (30)
1118 patients who are participating in the Medicaid program, the State
1119 Department of Health shall revoke the license of the nursing
1120 facility, at the time that the department determines, after a
1121 hearing complying with due process, that the nursing facility has
1122 violated the condition upon which the certificate of need was
1123 issued, as provided in this paragraph and in the written
1124 agreement. If the nursing facility or nursing facility beds
1125 authorized by the certificate of need issued under this paragraph
1126 are not constructed, expanded or converted and fully operational
1127 within thirty-six (36) months after July 1, 1994, the State
1128 Department of Health, after a hearing complying with due process,

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1129 shall revoke the certificate of need, if it is still outstanding,
1130 and shall not issue a license for the nursing facility or nursing
1131 facility beds at any time after the expiration of the
1132 thirty-six-month period.

1133 (w) The State Department of Health may issue a
1134 certificate of need for the construction or expansion of nursing
1135 facility beds or the conversion of other beds to nursing facility
1136 beds in either Hancock, Harrison or Jackson Counties, not to
1137 exceed sixty (60) beds, provided that the recipient of the
1138 certificate of need agrees in writing that no more than thirty
1139 (30) of the beds at the nursing facility will be certified for
1140 participation in the Medicaid program (Section 43-13-101 et seq.),
1141 and that no claim will be submitted for Medicaid reimbursement for
1142 more than thirty (30) patients in the nursing facility in any day
1143 or for any patient in the nursing facility who is in a bed that is
1144 not Medicaid-certified. This written agreement by the recipient
1145 of the certificate of need shall be a condition of the issuance of
1146 the certificate of need under this paragraph, and the agreement
1147 shall be fully binding on any subsequent owner of the nursing
1148 facility if the ownership of the nursing facility is transferred
1149 at any time after the issuance of the certificate of need. After
1150 this written agreement is executed, the Division of Medicaid and
1151 the State Department of Health shall not certify more than thirty
1152 (30) of the beds in the nursing facility for participation in the
1153 Medicaid program. If the nursing facility violates the terms of
1154 the written agreement by admitting or keeping in the nursing
1155 facility on a regular or continuing basis more than thirty (30)
1156 patients who are participating in the Medicaid program, the State
1157 Department of Health shall revoke the license of the nursing
1158 facility, at the time that the department determines, after a
1159 hearing complying with due process, that the nursing facility has
1160 violated the condition upon which the certificate of need was
1161 issued, as provided in this paragraph and in the written

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1162 agreement. If the nursing facility or nursing facility beds
1163 authorized by the certificate of need issued under this paragraph
1164 are not constructed, expanded or converted and fully operational
1165 within thirty-six (36) months after July 1, 1994, the State
1166 Department of Health, after a hearing complying with due process,
1167 shall revoke the certificate of need, if it is still outstanding,
1168 and shall not issue a license for the nursing facility or nursing
1169 facility beds at any time after the expiration of the
1170 thirty-six-month period.

1171 (x) The department may issue a certificate of need for
1172 the new construction of a skilled nursing facility in Leake
1173 County, provided that the recipient of the certificate of need
1174 agrees in writing that the skilled nursing facility will not at
1175 any time participate in the Medicaid program (Section 43-13-101 et
1176 seq.) or admit or keep any patients in the skilled nursing
1177 facility who are participating in the Medicaid program. This
1178 written agreement by the recipient of the certificate of need
1179 shall be fully binding on any subsequent owner of the skilled
1180 nursing facility, if the ownership of the facility is transferred
1181 at any time after the issuance of the certificate of need.
1182 Agreement that the skilled nursing facility will not participate
1183 in the Medicaid program shall be a condition of the issuance of a
1184 certificate of need to any person under this paragraph (x), and if
1185 such skilled nursing facility at any time after the issuance of
1186 the certificate of need, regardless of the ownership of the
1187 facility, participates in the Medicaid program or admits or keeps
1188 any patients in the facility who are participating in the Medicaid
1189 program, the State Department of Health shall revoke the
1190 certificate of need, if it is still outstanding, and shall deny or
1191 revoke the license of the skilled nursing facility, at the time
1192 that the department determines, after a hearing complying with due
1193 process, that the facility has failed to comply with any of the
1194 conditions upon which the certificate of need was issued, as

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1195 provided in this paragraph and in the written agreement by the
1196 recipient of the certificate of need. The provision of Section
1197 43-7-193(1) regarding substantial compliance of the projection of
1198 need as reported in the current State Health Plan is waived for
1199 the purposes of this paragraph. The total number of nursing
1200 facility beds that may be authorized by any certificate of need
1201 issued under this paragraph (x) shall not exceed sixty (60) beds.
1202 If the skilled nursing facility authorized by the certificate of
1203 need issued under this paragraph is not constructed and fully
1204 operational within eighteen (18) months after July 1, 1994, the
1205 State Department of Health, after a hearing complying with due
1206 process, shall revoke the certificate of need, if it is still
1207 outstanding, and shall not issue a license for the skilled nursing
1208 facility at any time after the expiration of the eighteen-month
1209 period.

1210 (y) The department may issue a certificate of need in
1211 Jones County for making additions to or expansion or replacement
1212 of an existing forty-bed facility in order to increase the number
1213 of its beds to not more than sixty (60) beds. For the purposes of
1214 this paragraph, the provision of Section 41-7-193(1) requiring
1215 substantial compliance with the projection of need as reported in
1216 the current State Health Plan is waived. The total number of
1217 nursing home beds that may be authorized by any certificate of
1218 need issued under this paragraph shall not exceed twenty (20)
1219 beds.

1220 (z) The department may issue certificates of need to
1221 allow any existing freestanding long-term care facility in
1222 Tishomingo County and Hancock County that on July 1, 1995, is
1223 licensed with fewer than sixty (60) beds to increase the number of
1224 its beds to not more than sixty (60) beds, provided that the
1225 recipient of the certificate of need agrees in writing that none
1226 of the additional beds authorized by this paragraph (z) at the
1227 nursing facility will be certified for participation in the

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1228 Medicaid program (Section 43-13-101 et seq.), and that no claim
1229 will be submitted for Medicaid reimbursement in the nursing
1230 facility for a number of patients in the nursing facility in any
1231 day that is greater than the number of licensed beds in the
1232 facility on July 1, 1995. This written agreement by the recipient
1233 of the certificate of need shall be a condition of the issuance of
1234 the certificate of need under this paragraph, and the agreement
1235 shall be fully binding on any subsequent owner of the nursing
1236 facility if the ownership of the nursing facility is transferred
1237 at any time after the issuance of the certificate of need. After
1238 this agreement is executed, the Division of Medicaid and the State
1239 Department of Health shall not certify more beds in the nursing
1240 facility for participation in the Medicaid program than the number
1241 of licensed beds in the facility on July 1, 1995. If the nursing
1242 facility violates the terms of the written agreement by admitting
1243 or keeping in the nursing facility on a regular or continuing
1244 basis a number of patients who are participating in the Medicaid
1245 program that is greater than the number of licensed beds in the
1246 facility on July 1, 1995, the State Department of Health shall
1247 revoke the license of the nursing facility, at the time that the
1248 department determines, after a hearing complying with due process,
1249 that the nursing facility has violated the condition upon which
1250 the certificate of need was issued, as provided in this paragraph
1251 and in the written agreement. For the purposes of this paragraph
1252 (z), the provision of Section 41-7-193(1) requiring substantial
1253 compliance with the projection of need as reported in the current
1254 State Health Plan is waived.

1255 (aa) The department may issue a certificate of need for
1256 the construction of a nursing facility at a continuing care
1257 retirement community in Lowndes County, provided that the
1258 recipient of the certificate of need agrees in writing that the
1259 nursing facility will not at any time participate in the Medicaid
1260 program (Section 43-13-101 et seq.) or admit or keep any patients

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1261 in the nursing facility who are participating in the Medicaid
1262 program. This written agreement by the recipient of the
1263 certificate of need shall be fully binding on any subsequent owner
1264 of the nursing facility, if the ownership of the facility is
1265 transferred at any time after the issuance of the certificate of
1266 need. Agreement that the nursing facility will not participate in
1267 the Medicaid program shall be a condition of the issuance of a
1268 certificate of need to any person under this paragraph (aa), and
1269 if such nursing facility at any time after the issuance of the
1270 certificate of need, regardless of the ownership of the facility,
1271 participates in the Medicaid program or admits or keeps any
1272 patients in the facility who are participating in the Medicaid
1273 program, the State Department of Health shall revoke the
1274 certificate of need, if it is still outstanding, and shall deny or
1275 revoke the license of the nursing facility, at the time that the
1276 department determines, after a hearing complying with due process,
1277 that the facility has failed to comply with any of the conditions
1278 upon which the certificate of need was issued, as provided in this
1279 paragraph and in the written agreement by the recipient of the
1280 certificate of need. The total number of beds that may be
1281 authorized under the authority of this paragraph (aa) shall not
1282 exceed sixty (60) beds.

1283 (bb) Provided that funds are specifically appropriated
1284 therefor by the Legislature, the department may issue a
1285 certificate of need to a rehabilitation hospital in Hinds County
1286 for the construction of a sixty-bed long-term care nursing
1287 facility dedicated to the care and treatment of persons with
1288 severe disabilities including persons with spinal cord and
1289 closed-head injuries and ventilator-dependent patients. The
1290 provision of Section 41-7-193(1) regarding substantial compliance
1291 with projection of need as reported in the current State Health
1292 Plan is hereby waived for the purpose of this paragraph.

1293 (cc) The State Department of Health may issue a

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1294 certificate of need to a county-owned hospital in the Second
1295 Judicial District of Panola County for the conversion of not more
1296 than seventy-two (72) hospital beds to nursing facility beds,
1297 provided that the recipient of the certificate of need agrees in
1298 writing that none of the beds at the nursing facility will be
1299 certified for participation in the Medicaid program (Section
1300 43-13-101 et seq.), and that no claim will be submitted for
1301 Medicaid reimbursement in the nursing facility in any day or for
1302 any patient in the nursing facility. This written agreement by
1303 the recipient of the certificate of need shall be a condition of
1304 the issuance of the certificate of need under this paragraph, and
1305 the agreement shall be fully binding on any subsequent owner of
1306 the nursing facility if the ownership of the nursing facility is
1307 transferred at any time after the issuance of the certificate of
1308 need. After this written agreement is executed, the Division of
1309 Medicaid and the State Department of Health shall not certify any
1310 of the beds in the nursing facility for participation in the
1311 Medicaid program. If the nursing facility violates the terms of
1312 the written agreement by admitting or keeping in the nursing
1313 facility on a regular or continuing basis any patients who are
1314 participating in the Medicaid program, the State Department of
1315 Health shall revoke the license of the nursing facility, at the
1316 time that the department determines, after a hearing complying
1317 with due process, that the nursing facility has violated the
1318 condition upon which the certificate of need was issued, as
1319 provided in this paragraph and in the written agreement. If the
1320 certificate of need authorized under this paragraph is not issued
1321 within twelve (12) months after July 1, 1998, the department shall
1322 deny the application for the certificate of need and shall not
1323 issue the certificate of need at any time after the twelve-month
1324 period, unless the issuance is contested. If the certificate of
1325 need is issued and substantial construction of the nursing
1326 facility beds has not commenced within eighteen (18) months after

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1327 July 1, 1998, the State Department of Health, after a hearing
1328 complying with due process, shall revoke the certificate of need
1329 if it is still outstanding, and the department shall not issue a
1330 license for the nursing facility at any time after the
1331 eighteen-month period. Provided, however, that if the issuance of
1332 the certificate of need is contested, the department shall require
1333 substantial construction of the nursing facility beds within six
1334 (6) months after final adjudication on the issuance of the
1335 certificate of need.

1336 (dd) The department may issue a certificate of need for
1337 the new construction, addition or conversion of skilled nursing
1338 facility beds in Madison County, provided that the recipient of
1339 the certificate of need agrees in writing that the skilled nursing
1340 facility will not at any time participate in the Medicaid program
1341 (Section 43-13-101 et seq.) or admit or keep any patients in the
1342 skilled nursing facility who are participating in the Medicaid
1343 program. This written agreement by the recipient of the
1344 certificate of need shall be fully binding on any subsequent owner
1345 of the skilled nursing facility, if the ownership of the facility
1346 is transferred at any time after the issuance of the certificate
1347 of need. Agreement that the skilled nursing facility will not
1348 participate in the Medicaid program shall be a condition of the
1349 issuance of a certificate of need to any person under this
1350 paragraph (dd), and if such skilled nursing facility at any time
1351 after the issuance of the certificate of need, regardless of the
1352 ownership of the facility, participates in the Medicaid program or
1353 admits or keeps any patients in the facility who are participating
1354 in the Medicaid program, the State Department of Health shall
1355 revoke the certificate of need, if it is still outstanding, and
1356 shall deny or revoke the license of the skilled nursing facility,
1357 at the time that the department determines, after a hearing
1358 complying with due process, that the facility has failed to comply
1359 with any of the conditions upon which the certificate of need was

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1360 issued, as provided in this paragraph and in the written agreement
1361 by the recipient of the certificate of need. The total number of
1362 nursing facility beds that may be authorized by any certificate of
1363 need issued under this paragraph (dd) shall not exceed sixty (60)
1364 beds. If the certificate of need authorized under this paragraph
1365 is not issued within twelve (12) months after July 1, 1998, the
1366 department shall deny the application for the certificate of need
1367 and shall not issue the certificate of need at any time after the
1368 twelve-month period, unless the issuance is contested. If the
1369 certificate of need is issued and substantial construction of the
1370 nursing facility beds has not commenced within eighteen (18)
1371 months after July 1, 1998, the State Department of Health, after a
1372 hearing complying with due process, shall revoke the certificate
1373 of need if it is still outstanding, and the department shall not
1374 issue a license for the nursing facility at any time after the
1375 eighteen-month period. Provided, however, that if the issuance of
1376 the certificate of need is contested, the department shall require
1377 substantial construction of the nursing facility beds within six
1378 (6) months after final adjudication on the issuance of the
1379 certificate of need.

1380 (ee) The department may issue a certificate of need for
1381 the new construction, addition or conversion of skilled nursing
1382 facility beds in Leake County, provided that the recipient of the
1383 certificate of need agrees in writing that the skilled nursing
1384 facility will not at any time participate in the Medicaid program
1385 (Section 43-13-101 et seq.) or admit or keep any patients in the
1386 skilled nursing facility who are participating in the Medicaid
1387 program. This written agreement by the recipient of the
1388 certificate of need shall be fully binding on any subsequent owner
1389 of the skilled nursing facility, if the ownership of the facility
1390 is transferred at any time after the issuance of the certificate
1391 of need. Agreement that the skilled nursing facility will not
1392 participate in the Medicaid program shall be a condition of the

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1393 issuance of a certificate of need to any person under this
1394 paragraph (ee), and if such skilled nursing facility at any time
1395 after the issuance of the certificate of need, regardless of the
1396 ownership of the facility, participates in the Medicaid program or
1397 admits or keeps any patients in the facility who are participating
1398 in the Medicaid program, the State Department of Health shall
1399 revoke the certificate of need, if it is still outstanding, and
1400 shall deny or revoke the license of the skilled nursing facility,
1401 at the time that the department determines, after a hearing
1402 complying with due process, that the facility has failed to comply
1403 with any of the conditions upon which the certificate of need was
1404 issued, as provided in this paragraph and in the written agreement
1405 by the recipient of the certificate of need. The total number of
1406 nursing facility beds that may be authorized by any certificate of
1407 need issued under this paragraph (ee) shall not exceed sixty (60)
1408 beds. If the certificate of need authorized under this paragraph
1409 is not issued within twelve (12) months after July 1, 1998, the
1410 department shall deny the application for the certificate of need
1411 and shall not issue the certificate of need at any time after the
1412 twelve-month period, unless the issuance is contested. If the
1413 certificate of need is issued and substantial construction of the
1414 nursing facility beds has not commenced within eighteen (18)
1415 months after July 1, 1998, the State Department of Health, after a
1416 hearing complying with due process, shall revoke the certificate
1417 of need if it is still outstanding, and the department shall not
1418 issue a license for the nursing facility at any time after the
1419 eighteen-month period. Provided, however, that if the issuance of
1420 the certificate of need is contested, the department shall require
1421 substantial construction of the nursing facility beds within six
1422 (6) months after final adjudication on the issuance of the
1423 certificate of need.

1424 (ff) The department may issue a certificate of need for
1425 the construction of a municipally-owned nursing facility within

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1426 the Town of Belmont in Tishomingo County, not to exceed sixty (60)
1427 beds, provided that the recipient of the certificate of need
1428 agrees in writing that the skilled nursing facility will not at
1429 any time participate in the Medicaid program (Section 43-13-101 et
1430 seq.) or admit or keep any patients in the skilled nursing
1431 facility who are participating in the Medicaid program. This
1432 written agreement by the recipient of the certificate of need
1433 shall be fully binding on any subsequent owner of the skilled
1434 nursing facility, if the ownership of the facility is transferred
1435 at any time after the issuance of the certificate of need.
1436 Agreement that the skilled nursing facility will not participate
1437 in the Medicaid program shall be a condition of the issuance of a
1438 certificate of need to any person under this paragraph (ff), and
1439 if such skilled nursing facility at any time after the issuance of
1440 the certificate of need, regardless of the ownership of the
1441 facility, participates in the Medicaid program or admits or keeps
1442 any patients in the facility who are participating in the Medicaid
1443 program, the State Department of Health shall revoke the
1444 certificate of need, if it is still outstanding, and shall deny or
1445 revoke the license of the skilled nursing facility, at the time
1446 that the department determines, after a hearing complying with due
1447 process, that the facility has failed to comply with any of the
1448 conditions upon which the certificate of need was issued, as
1449 provided in this paragraph and in the written agreement by the
1450 recipient of the certificate of need. The provision of Section
1451 43-7-193(1) regarding substantial compliance of the projection of
1452 need as reported in the current State Health Plan is waived for
1453 the purposes of this paragraph. If the certificate of need
1454 authorized under this paragraph is not issued within twelve (12)
1455 months after July 1, 1998, the department shall deny the
1456 application for the certificate of need and shall not issue the
1457 certificate of need at any time after the twelve-month period,
1458 unless the issuance is contested. If the certificate of need is

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1459 issued and substantial construction of the nursing facility beds
1460 has not commenced within eighteen (18) months after July 1, 1998,
1461 the State Department of Health, after a hearing complying with due
1462 process, shall revoke the certificate of need if it is still
1463 outstanding, and the department shall not issue a license for the
1464 nursing facility at any time after the eighteen-month period.
1465 Provided, however, that if the issuance of the certificate of need
1466 is contested, the department shall require substantial
1467 construction of the nursing facility beds within six (6) months
1468 after final adjudication on the issuance of the certificate of
1469 need.

1470 (gg) (i) Beginning on July 1, 1999, the State
1471 Department of Health may issue a certificate of need during each
1472 of the next two (2) fiscal years for the construction or expansion
1473 of nursing facility beds or the conversion of other beds to
1474 nursing facility beds in each county of the state having an
1475 additional nursing facility bed need of fifty (50) beds or more
1476 according to the 1998 State Health Plan, not to exceed sixty (60)
1477 beds in any county and subject to the restrictions on
1478 participation in the Medicaid program prescribed in subparagraph
1479 (ii). The certificate of need issued for nursing facility beds in
1480 such counties shall not exceed thirteen (13) during fiscal year
1481 ending June 30, 2000, and shall not exceed thirteen (13) during
1482 fiscal year ending June 30, 2001, and shall first be available for
1483 nursing facility beds in the county in the state having the
1484 highest need for those beds, as shown in the 1998 State Health
1485 Plan. If there are no applications for a certificate of need for
1486 nursing facility beds in the county having the highest need for
1487 those beds by the date specified by the department, then the
1488 certificate of need shall be available for nursing facility beds
1489 in other counties in the state in descending order of the need for
1490 those beds, from the county with the second highest need to the
1491 county with the lowest need, until an application is received for

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1492 nursing facility beds in an eligible county in the state. In the
1493 event the department reaches the end of the list of eligible
1494 counties during the two-year period, the department shall again
1495 determine the counties of the state having an additional nursing
1496 facility bed need of fifty (50) beds or more, and such
1497 certificates of need shall be available for nursing facility beds
1498 in descending order of the need for those beds.

1499 (ii) The recipient of any certificate of need
1500 issued under authority of this paragraph (gg) shall agree in
1501 writing that no more than forty (40) of the additional beds
1502 authorized in the certificate of need will be certified for
1503 participation in the Medicaid program (Section 43-13-101 et seq.),
1504 and that no claim will be submitted for Medicaid reimbursement for
1505 more than forty (40) patients in the nursing facility in any day
1506 or for any patient in the nursing facility who is in a bed that is
1507 not Medicaid-certified. This written agreement by the recipient
1508 of the certificate of need shall be a condition of the issuance of
1509 the certificate of need under this paragraph, and the agreement
1510 shall be fully binding on any subsequent owner of the nursing
1511 facility if the ownership of the nursing facility is transferred
1512 at any time after the issuance of the certificate of need. After
1513 this written agreement is executed, the Division of Medicaid and
1514 the State Department of Health shall not certify more than forty
1515 (40) of the beds in the nursing facility for participation in the
1516 Medicaid program. If the nursing facility violates the terms of
1517 the written agreement by admitting or keeping in the nursing
1518 facility on a regular or continuing basis more than forty (40)
1519 patients who are participating in the Medicaid program, the State
1520 Department of Health shall revoke the license of the nursing
1521 facility, at the time that the department determines, after a
1522 hearing complying with due process, that the nursing facility has
1523 violated the condition upon which the certificate of need was
1524 issued, as provided in this paragraph and in the written

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1525 agreement. If the nursing facility or nursing facility beds
1526 authorized by the certificate of need issued under this paragraph
1527 are not constructed, expended or converted and fully operational
1528 within thirty-six (36) months after issuance of the certificate,
1529 the State Department of Health, after a hearing complying with due
1530 process, shall revoke the certificate of need, if it is still
1531 outstanding, and shall not issue a license for the nursing
1532 facility or nursing facility beds at any time after the expiration
1533 of the thirty-six-month period.

1534 (3) If the holder of the certificate of need that was issued
1535 before January 1, 1990, for the construction of a nursing home in
1536 Claiborne County has not substantially undertaken commencement of
1537 construction by completing site works and pouring foundations and
1538 the floor slab of a nursing home in Claiborne County before May 1,
1539 1990, as determined by the department, then the department shall
1540 transfer such certificate of need to the Board of Supervisors of
1541 Claiborne County upon the effective date of this subsection (3).
1542 If the certificate of need is transferred to the board of
1543 supervisors, it shall be valid for a period of twelve (12) months
1544 and shall authorize the construction of a sixty-bed nursing home
1545 on county-owned property or the conversion of vacant hospital beds
1546 in the county hospital not to exceed sixty (60) beds.

1547 (4) The State Department of Health may grant approval for
1548 and issue certificates of need to any person proposing the new
1549 construction of, addition to, conversion of beds of or expansion
1550 of any health care facility defined in subparagraph (x)
1551 (psychiatric residential treatment facility) of Section
1552 41-7-173(h). The total number of beds which may be authorized by
1553 such certificates of need shall not exceed two hundred
1554 seventy-four (274) beds for the entire state.

1555 (a) Of the total number of beds authorized under this
1556 subsection, the department shall issue a certificate of need to a
1557 privately owned psychiatric residential treatment facility in

1558 Simpson County for the conversion of sixteen (16) intermediate
1559 care facility for the mentally retarded (ICF-MR) beds to
1560 psychiatric residential treatment facility beds, provided that
1561 facility agrees in writing that the facility shall give priority
1562 for the use of those sixteen (16) beds to Mississippi residents
1563 who are presently being treated in out-of-state facilities.

1564 (b) Of the total number of beds authorized under this
1565 subsection, the department may issue a certificate or certificates
1566 of need for the construction or expansion of psychiatric
1567 residential treatment facility beds or the conversion of other
1568 beds to psychiatric residential treatment facility beds in Warren
1569 County, not to exceed sixty (60) psychiatric residential treatment
1570 facility beds, provided that the facility agrees in writing that
1571 no more than thirty (30) of the beds at the psychiatric
1572 residential treatment facility will be certified for participation
1573 in the Medicaid program (Section 43-13-101 et seq.) for the use of
1574 any patients other than those who are participating only in the
1575 Medicaid program of another state, and that no claim will be
1576 submitted to the Division of Medicaid for Medicaid reimbursement
1577 for more than thirty (30) patients in the psychiatric residential
1578 treatment facility in any day or for any patient in the
1579 psychiatric residential treatment facility who is in a bed that is
1580 not Medicaid-certified. This written agreement by the recipient
1581 of the certificate of need shall be a condition of the issuance of
1582 the certificate of need under this paragraph, and the agreement
1583 shall be fully binding on any subsequent owner of the psychiatric
1584 residential treatment facility if the ownership of the facility is
1585 transferred at any time after the issuance of the certificate of
1586 need. After this written agreement is executed, the Division of
1587 Medicaid and the State Department of Health shall not certify more
1588 than thirty (30) of the beds in the psychiatric residential
1589 treatment facility for participation in the Medicaid program for
1590 the use of any patients other than those who are participating

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1591 only in the Medicaid program of another state. If the psychiatric
1592 residential treatment facility violates the terms of the written
1593 agreement by admitting or keeping in the facility on a regular or
1594 continuing basis more than thirty (30) patients who are
1595 participating in the Mississippi Medicaid program, the State
1596 Department of Health shall revoke the license of the facility, at
1597 the time that the department determines, after a hearing complying
1598 with due process, that the facility has violated the condition
1599 upon which the certificate of need was issued, as provided in this
1600 paragraph and in the written agreement.

1601 (c) Of the total number of beds authorized under this
1602 subsection, the department shall issue a certificate of need to a
1603 hospital currently operating Medicaid-certified acute psychiatric
1604 beds for adolescents in DeSoto County, for the establishment of a
1605 forty-bed psychiatric residential treatment facility in DeSoto
1606 County, provided that the hospital agrees in writing (i) that the
1607 hospital shall give priority for the use of those forty (40) beds
1608 to Mississippi residents who are presently being treated in
1609 out-of-state facilities, and (ii) that no more than fifteen (15)
1610 of the beds at the psychiatric residential treatment facility will
1611 be certified for participation in the Medicaid program (Section
1612 43-13-101 et seq.), and that no claim will be submitted for
1613 Medicaid reimbursement for more than fifteen (15) patients in the
1614 psychiatric residential treatment facility in any day or for any
1615 patient in the psychiatric residential treatment facility who is
1616 in a bed that is not Medicaid-certified. This written agreement
1617 by the recipient of the certificate of need shall be a condition
1618 of the issuance of the certificate of need under this paragraph,
1619 and the agreement shall be fully binding on any subsequent owner
1620 of the psychiatric residential treatment facility if the ownership
1621 of the facility is transferred at any time after the issuance of
1622 the certificate of need. After this written agreement is
1623 executed, the Division of Medicaid and the State Department of

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1624 Health shall not certify more than fifteen (15) of the beds in the
1625 psychiatric residential treatment facility for participation in
1626 the Medicaid program. If the psychiatric residential treatment
1627 facility violates the terms of the written agreement by admitting
1628 or keeping in the facility on a regular or continuing basis more
1629 than fifteen (15) patients who are participating in the Medicaid
1630 program, the State Department of Health shall revoke the license
1631 of the facility, at the time that the department determines, after
1632 a hearing complying with due process, that the facility has
1633 violated the condition upon which the certificate of need was
1634 issued, as provided in this paragraph and in the written
1635 agreement.

1636 (d) Of the total number of beds authorized under this
1637 subsection, the department may issue a certificate or certificates
1638 of need for the construction or expansion of psychiatric
1639 residential treatment facility beds or the conversion of other
1640 beds to psychiatric treatment facility beds, not to exceed thirty
1641 (30) psychiatric residential treatment facility beds, in either
1642 Alcorn, Tishomingo, Prentiss, Lee, Itawamba, Monroe, Chickasaw,
1643 Pontotoc, Calhoun, Lafayette, Union, Benton or Tippah Counties.

1644 (e) Of the total number of beds authorized under this
1645 subsection (4) the department shall issue a certificate of need to
1646 a privately owned, nonprofit psychiatric residential treatment
1647 facility in Hinds County for an eight-bed expansion of the
1648 facility, provided that the facility agrees in writing that the
1649 facility shall give priority for the use of those eight (8) beds
1650 to Mississippi residents who are presently being treated in
1651 out-of-state facilities.

1652 (5) (a) From and after July 1, 1993, the department shall
1653 not issue a certificate of need to any person for the new
1654 construction of any hospital, psychiatric hospital or chemical
1655 dependency hospital that will contain any child/adolescent
1656 psychiatric or child/adolescent chemical dependency beds, or for

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1657 the conversion of any other health care facility to a hospital,
1658 psychiatric hospital or chemical dependency hospital that will
1659 contain any child/adolescent psychiatric or child/adolescent
1660 chemical dependency beds, or for the addition of any
1661 child/adolescent psychiatric or child/adolescent chemical
1662 dependency beds in any hospital, psychiatric hospital or chemical
1663 dependency hospital, or for the conversion of any beds of another
1664 category in any hospital, psychiatric hospital or chemical
1665 dependency hospital to child/adolescent psychiatric or
1666 child/adolescent chemical dependency beds, except as hereinafter
1667 authorized:

1668 (i) The department may issue certificates of need
1669 to any person for any purpose described in this subsection,
1670 provided that the hospital, psychiatric hospital or chemical
1671 dependency hospital does not participate in the Medicaid program
1672 (Section 43-13-101 et seq.) at the time of the application for the
1673 certificate of need and the owner of the hospital, psychiatric
1674 hospital or chemical dependency hospital agrees in writing that
1675 the hospital, psychiatric hospital or chemical dependency hospital
1676 will not at any time participate in the Medicaid program or admit
1677 or keep any patients who are participating in the Medicaid program
1678 in the hospital, psychiatric hospital or chemical dependency
1679 hospital. This written agreement by the recipient of the
1680 certificate of need shall be fully binding on any subsequent owner
1681 of the hospital, psychiatric hospital or chemical dependency
1682 hospital, if the ownership of the facility is transferred at any
1683 time after the issuance of the certificate of need. Agreement
1684 that the hospital, psychiatric hospital or chemical dependency
1685 hospital will not participate in the Medicaid program shall be a
1686 condition of the issuance of a certificate of need to any person
1687 under this subparagraph (a)(i), and if such hospital, psychiatric
1688 hospital or chemical dependency hospital at any time after the
1689 issuance of the certificate of need, regardless of the ownership

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1690 of the facility, participates in the Medicaid program or admits or
1691 keeps any patients in the hospital, psychiatric hospital or
1692 chemical dependency hospital who are participating in the Medicaid
1693 program, the State Department of Health shall revoke the
1694 certificate of need, if it is still outstanding, and shall deny or
1695 revoke the license of the hospital, psychiatric hospital or
1696 chemical dependency hospital, at the time that the department
1697 determines, after a hearing complying with due process, that the
1698 hospital, psychiatric hospital or chemical dependency hospital has
1699 failed to comply with any of the conditions upon which the
1700 certificate of need was issued, as provided in this subparagraph
1701 and in the written agreement by the recipient of the certificate
1702 of need.

1703 (ii) The department may issue a certificate of
1704 need for the conversion of existing beds in a county hospital in
1705 Choctaw County from acute care beds to child/adolescent chemical
1706 dependency beds. For purposes of this paragraph, the provisions
1707 of Section 41-7-193(1) requiring substantial compliance with the
1708 projection of need as reported in the current State Health Plan is
1709 waived. The total number of beds that may be authorized under
1710 authority of this paragraph shall not exceed twenty (20) beds.
1711 There shall be no prohibition or restrictions on participation in
1712 the Medicaid program (Section 43-13-101 et seq.) for the hospital
1713 receiving the certificate of need authorized under this
1714 subparagraph (a)(ii) or for the beds converted pursuant to the
1715 authority of that certificate of need.

1716 (iii) The department may issue a certificate or
1717 certificates of need for the construction or expansion of
1718 child/adolescent psychiatric beds or the conversion of other beds
1719 to child/adolescent psychiatric beds in Warren County. For
1720 purposes of this subparagraph, the provisions of Section
1721 41-7-193(1) requiring substantial compliance with the projection
1722 of need as reported in the current State Health Plan are waived.

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1723 The total number of beds that may be authorized under the
1724 authority of this subparagraph shall not exceed twenty (20) beds.
1725 There shall be no prohibition or restrictions on participation in
1726 the Medicaid program (Section 43-13-101 et seq.) for the person
1727 receiving the certificate of need authorized under this
1728 subparagraph (a)(iii) or for the beds converted pursuant to the
1729 authority of that certificate of need.

1730 (iv) The department shall issue a certificate of
1731 need to the Region 7 Mental Health/Retardation Commission for the
1732 construction or expansion of child/adolescent psychiatric beds or
1733 the conversion of other beds to child/adolescent psychiatric beds
1734 in any of the counties served by the commission. For purposes of
1735 this subparagraph, the provisions of Section 41-7-193(1) requiring
1736 substantial compliance with the projection of need as reported in
1737 the current State Health Plan is waived. The total number of beds
1738 that may be authorized under the authority of this subparagraph
1739 shall not exceed twenty (20) beds. There shall be no prohibition
1740 or restrictions on participation in the Medicaid program (Section
1741 43-13-101 et seq.) for the person receiving the certificate of
1742 need authorized under this subparagraph (a)(iv) or for the beds
1743 converted pursuant to the authority of that certificate of need.

1744 (v) The department may issue a certificate of need
1745 to any county hospital located in Leflore County for the
1746 construction or expansion of adult psychiatric beds or the
1747 conversion of other beds to adult psychiatric beds, not to exceed
1748 twenty (20) beds, provided that the recipient of the certificate
1749 of need agrees in writing that the adult psychiatric beds will not
1750 at any time be certified for participation in the Medicaid program
1751 and that the hospital will not admit or keep any patients who are
1752 participating in the Medicaid program in any of such adult
1753 psychiatric beds. This written agreement by the recipient of the
1754 certificate of need shall be fully binding on any subsequent owner
1755 of the hospital if the ownership of the hospital is transferred at

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1756 any time after the issuance of the certificate of need. Agreement
1757 that the adult psychiatric beds will not be certified for
1758 participation in the Medicaid program shall be a condition of the
1759 issuance of a certificate of need to any person under this
1760 subparagraph (a)(v), and if such hospital at any time after the
1761 issuance of the certificate of need, regardless of the ownership
1762 of the hospital, has any of such adult psychiatric beds certified
1763 for participation in the Medicaid program or admits or keeps any
1764 Medicaid patients in such adult psychiatric beds, the State
1765 Department of Health shall revoke the certificate of need, if it
1766 is still outstanding, and shall deny or revoke the license of the
1767 hospital at the time that the department determines, after a
1768 hearing complying with due process, that the hospital has failed
1769 to comply with any of the conditions upon which the certificate of
1770 need was issued, as provided in this subparagraph and in the
1771 written agreement by the recipient of the certificate of need.

1772 (b) From and after July 1, 1990, no hospital,
1773 psychiatric hospital or chemical dependency hospital shall be
1774 authorized to add any child/adolescent psychiatric or
1775 child/adolescent chemical dependency beds or convert any beds of
1776 another category to child/adolescent psychiatric or
1777 child/adolescent chemical dependency beds without a certificate of
1778 need under the authority of subsection (1)(c) of this section.

1779 (6) The department may issue a certificate of need to a
1780 county hospital in Winston County for the conversion of fifteen
1781 (15) acute care beds to geriatric psychiatric care beds.

1782 (7) The State Department of Health shall issue a certificate
1783 of need to a Mississippi corporation qualified to manage a
1784 long-term care hospital as defined in Section 41-7-173(h)(xii) in
1785 Harrison County, not to exceed eighty (80) beds, including any
1786 necessary renovation or construction required for licensure and
1787 certification, provided that the recipient of the certificate of
1788 need agrees in writing that the long-term care hospital will not

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1789 at any time participate in the Medicaid program (Section 43-13-101
1790 et seq.) or admit or keep any patients in the long-term care
1791 hospital who are participating in the Medicaid program. This
1792 written agreement by the recipient of the certificate of need
1793 shall be fully binding on any subsequent owner of the long-term
1794 care hospital, if the ownership of the facility is transferred at
1795 any time after the issuance of the certificate of need. Agreement
1796 that the long-term care hospital will not participate in the
1797 Medicaid program shall be a condition of the issuance of a
1798 certificate of need to any person under this subsection (7), and
1799 if such long-term care hospital at any time after the issuance of
1800 the certificate of need, regardless of the ownership of the
1801 facility, participates in the Medicaid program or admits or keeps
1802 any patients in the facility who are participating in the Medicaid
1803 program, the State Department of Health shall revoke the
1804 certificate of need, if it is still outstanding, and shall deny or
1805 revoke the license of the long-term care hospital, at the time
1806 that the department determines, after a hearing complying with due
1807 process, that the facility has failed to comply with any of the
1808 conditions upon which the certificate of need was issued, as
1809 provided in this paragraph and in the written agreement by the
1810 recipient of the certificate of need. For purposes of this
1811 paragraph, the provision of Section 41-7-193(1) requiring
1812 substantial compliance with the projection of need as reported in
1813 the current State Health Plan is hereby waived.

1814 (8) The State Department of Health may issue a certificate
1815 of need to any hospital in the state to utilize a portion of its
1816 beds for the "swing-bed" concept. Any such hospital must be in
1817 conformance with the federal regulations regarding such swing-bed
1818 concept at the time it submits its application for a certificate
1819 of need to the State Department of Health, except that such
1820 hospital may have more licensed beds or a higher average daily
1821 census (ADC) than the maximum number specified in federal

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1822 regulations for participation in the swing-bed program. Any
1823 hospital meeting all federal requirements for participation in the
1824 swing-bed program which receives such certificate of need shall
1825 render services provided under the swing-bed concept to any
1826 patient eligible for Medicare (Title XVIII of the Social Security
1827 Act) who is certified by a physician to be in need of such
1828 services, and no such hospital shall permit any patient who is
1829 eligible for both Medicaid and Medicare or eligible only for
1830 Medicaid to stay in the swing beds of the hospital for more than
1831 thirty (30) days per admission unless the hospital receives prior
1832 approval for such patient from the Division of Medicaid, Office of
1833 the Governor. Any hospital having more licensed beds or a higher
1834 average daily census (ADC) than the maximum number specified in
1835 federal regulations for participation in the swing-bed program
1836 which receives such certificate of need shall develop a procedure
1837 to insure that before a patient is allowed to stay in the swing
1838 beds of the hospital, there are no vacant nursing home beds
1839 available for that patient located within a fifty-mile radius of
1840 the hospital. When any such hospital has a patient staying in the
1841 swing beds of the hospital and the hospital receives notice from a
1842 nursing home located within such radius that there is a vacant bed
1843 available for that patient, the hospital shall transfer the
1844 patient to the nursing home within a reasonable time after receipt
1845 of the notice. Any hospital which is subject to the requirements
1846 of the two (2) preceding sentences of this paragraph may be
1847 suspended from participation in the swing-bed program for a
1848 reasonable period of time by the State Department of Health if the
1849 department, after a hearing complying with due process, determines
1850 that the hospital has failed to comply with any of those
1851 requirements.

1852 (9) The Department of Health shall not grant approval for or
1853 issue a certificate of need to any person proposing the new
1854 construction of, addition to or expansion of a health care

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1855 facility as defined in subparagraph (viii) of Section 41-7-173(h).

1856 (10) The Department of Health shall not grant approval for
1857 or issue a certificate of need to any person proposing the
1858 establishment of, or expansion of the currently approved territory
1859 of, or the contracting to establish a home office, subunit or
1860 branch office within the space operated as a health care facility
1861 as defined in Section 41-7-173(h)(i) through (viii) by a health
1862 care facility as defined in subparagraph (ix) of Section
1863 41-7-173(h).

1864 (11) Health care facilities owned and/or operated by the
1865 state or its agencies are exempt from the restraints in this
1866 section against issuance of a certificate of need if such addition
1867 or expansion consists of repairing or renovation necessary to
1868 comply with the state licensure law. This exception shall not
1869 apply to the new construction of any building by such state
1870 facility. This exception shall not apply to any health care
1871 facilities owned and/or operated by counties, municipalities,
1872 districts, unincorporated areas, other defined persons, or any
1873 combination thereof.

1874 (12) The new construction, renovation or expansion of or
1875 addition to any health care facility defined in subparagraph (ii)
1876 (psychiatric hospital), subparagraph (iv) (skilled nursing
1877 facility), subparagraph (vi) (intermediate care facility),
1878 subparagraph (viii) (intermediate care facility for the mentally
1879 retarded) and subparagraph (x) (psychiatric residential treatment
1880 facility) of Section 41-7-173(h) which is owned by the State of
1881 Mississippi and under the direction and control of the State
1882 Department of Mental Health, and the addition of new beds or the
1883 conversion of beds from one category to another in any such
1884 defined health care facility which is owned by the State of
1885 Mississippi and under the direction and control of the State
1886 Department of Mental Health, shall not require the issuance of a
1887 certificate of need under Section 41-7-171 et seq.,

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1888 notwithstanding any provision in Section 41-7-171 et seq. to the
1889 contrary.

1890 (13) The new construction, renovation or expansion of or
1891 addition to any veterans homes or domiciliaries for eligible
1892 veterans of the State of Mississippi as authorized under Section
1893 35-1-19 shall not require the issuance of a certificate of need,
1894 notwithstanding any provision in Section 41-7-171 et seq. to the
1895 contrary.

1896 (14) The new construction of a nursing facility or nursing
1897 facility beds or the conversion of other beds to nursing facility
1898 beds shall not require the issuance of a certificate of need,
1899 notwithstanding any provision in Section 41-7-171 et seq. to the
1900 contrary, if the conditions of this subsection are met.

1901 (a) Before any construction or conversion may be
1902 undertaken without a certificate of need, the owner of the nursing
1903 facility, in the case of an existing facility, or the applicant to
1904 construct a nursing facility, in the case of new construction,
1905 first must file a written notice of intent and sign a written
1906 agreement with the State Department of Health that the entire
1907 nursing facility will not at any time participate in or have any
1908 beds certified for participation in the Medicaid program (Section
1909 43-13-101 et seq.), will not admit or keep any patients in the
1910 nursing facility who are participating in the Medicaid program,
1911 and will not submit any claim for Medicaid reimbursement for any
1912 patient in the facility. This written agreement by the owner or
1913 applicant shall be a condition of exercising the authority under
1914 this subsection without a certificate of need, and the agreement
1915 shall be fully binding on any subsequent owner of the nursing
1916 facility if the ownership of the facility is transferred at any
1917 time after the agreement is signed. After the written agreement
1918 is signed, the Division of Medicaid and the State Department of
1919 Health shall not certify any beds in the nursing facility for
1920 participation in the Medicaid program. If the nursing facility

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1921 violates the terms of the written agreement by participating in
1922 the Medicaid program, having any beds certified for participation
1923 in the Medicaid program, admitting or keeping any patient in the
1924 facility who is participating in the Medicaid program, or
1925 submitting any claim for Medicaid reimbursement for any patient in
1926 the facility, the State Department of Health shall revoke the
1927 license of the nursing facility at the time that the department
1928 determines, after a hearing complying with due process, that the
1929 facility has violated the terms of the written agreement.

1930 (b) For the purposes of this subsection, participation
1931 in the Medicaid program by a nursing facility includes Medicaid
1932 reimbursement of coinsurance and deductibles for recipients who
1933 are qualified Medicare beneficiaries and/or those who are dually
1934 eligible. Any nursing facility exercising the authority under
1935 this subsection may not bill or submit a claim to the Division of
1936 Medicaid for services to qualified Medicare beneficiaries and/or
1937 those who are dually eligible.

1938 (c) The new construction of a nursing facility or
1939 nursing facility beds or the conversion of other beds to nursing
1940 facility beds described in this section must be either a part of a
1941 completely new continuing care retirement community, as described
1942 in the latest edition of the Mississippi State Health Plan, or an
1943 addition to existing personal care and independent living
1944 components, and so that the completed project will be a continuing
1945 care retirement community, containing (i) independent living
1946 accommodations, (ii) personal care beds, and (iii) the nursing
1947 home facility beds. The three (3) components must be located on a
1948 single site and be operated as one (1) inseparable facility. The
1949 nursing facility component must contain a minimum of thirty (30)
1950 beds. Any nursing facility beds authorized by this section will
1951 not be counted against the bed need set forth in the State Health
1952 Plan, as identified in Section 41-7-171, et seq.

1953 This subsection (14) shall stand repealed from and after July

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1954 1, 2001.

1955 SECTION 3. This act shall take effect and be in force from
1956 and after its passage.

**Further, amend by striking the title in its entirety and
inserting in lieu thereof the following:**

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.