

## Senate Amendments to House Bill No. 1174

TO THE CLERK OF THE HOUSE:

THIS IS TO INFORM YOU THAT THE SENATE HAS ADOPTED THE AMENDMENTS SET OUT BELOW:

### AMENDMENT NO. 1

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

28        **SECTION 1.** The Department of Corrections is authorized to  
29 provide for hospice care services for inmates who are confined in  
30 facilities under the jurisdiction of the department and who are  
31 terminally ill as defined in Section 41-85-3. The department may  
32 have those hospice care services provided by properly qualified  
33 employees of the department or may contract for the providing of  
34 the hospice care services. If the department provides the hospice  
35 care services with department employees, the department is not  
36 required to have a license under the Mississippi Hospice Law.

37        **SECTION 2.** Section 41-85-5, Mississippi Code of 1972, is  
38 amended as follows:

39        41-85-5. (1) It is unlawful for a person to operate or  
40 maintain a hospice, use the title "hospice," or represent that the  
41 person provides a hospice program of care, without first obtaining  
42 a license therefor from the department.

43        (2) The license shall be displayed in a conspicuous place  
44 inside the hospice program office; shall be valid only in the

45 possession of the person to which it is issued; shall not be  
46 subject to sale, assignment or other transfer, voluntary or  
47 involuntary; and shall not be valid for any hospice other than the  
48 hospice for which originally issued.

49 (3) Services provided by a hospital, nursing home or other  
50 health care facility or health care provider shall not be  
51 considered to constitute a hospice program of care unless such  
52 facility, provider or care giver establishes a freestanding or  
53 distinct hospice unit, staff, facility and services to provide  
54 hospice home care, homelike inpatient hospice care, or outpatient  
55 hospice care under the separate and distinct administrative  
56 authority of a hospice program.

57 (4) A license for a hospice program shall not be issued if  
58 the hospice is to be located in an area in violation of any local  
59 zoning ordinances or regulations.

60 (5) The Department of Corrections may provide hospice care  
61 services to inmates confined in facilities under the jurisdiction  
62 of the department as authorized under Section 1 of this act  
63 without a license issued under this chapter.

64 **SECTION 3.** Section 43-11-1, Mississippi Code of 1972, is  
65 amended as follows:

66 43-11-1. When used in this chapter, the following words  
67 shall have the following meaning:

68 (a) "Institutions for the aged or infirm" means a place  
69 either governmental or private that provides group living  
70 arrangements for four (4) or more persons who are unrelated to the

71 operator and who are being provided food, shelter and personal  
72 care, whether any such place is organized or operated for profit  
73 or not. The term "institution for the aged or infirm" includes  
74 nursing homes, pediatric skilled nursing facilities, psychiatric  
75 residential treatment facilities, convalescent homes, homes for  
76 the aged \* \* \*, adult foster care facilities \* \* \* and special  
77 care facilities for paroled inmates, provided that these  
78 institutions fall within the scope of the definitions set forth  
79 above. The term "institution for the aged or infirm" does not  
80 include hospitals, clinics or mental institutions devoted  
81 primarily to providing medical service, and does not include any  
82 private residence in which the owner of the residence is providing  
83 personal care services to disabled or homeless veterans under an  
84 agreement with, and in compliance with the standards prescribed  
85 by, the United States Department of Veterans Affairs, if the owner  
86 of the residence also provided personal care services to disabled  
87 or homeless veterans at any time during calendar year 2008.

88 (b) "Person" means any individual, firm, partnership,  
89 corporation, company, association or joint-stock association, or  
90 any licensee herein or the legal successor thereof.

91 (c) "Personal care" means assistance rendered by  
92 personnel of the home to aged or infirm residents in performing  
93 one or more of the activities of daily living, which includes, but  
94 is not limited to, the bathing, walking, excretory functions,  
95 feeding, personal grooming and dressing of such residents.

96                   (d) "Psychiatric residential treatment facility" means  
97 any nonhospital establishment with permanent facilities which  
98 provides a twenty-four-hour program of care by qualified  
99 therapists, including, but not limited to, duly licensed mental  
100 health professionals, psychiatrists, psychologists,  
101 psychotherapists and licensed certified social workers, for  
102 emotionally disturbed children and adolescents referred to such  
103 facility by a court, local school district or by the Department of  
104 Human Services, who are not in an acute phase of illness requiring  
105 the services of a psychiatric hospital, and are in need of such  
106 restorative treatment services. For purposes of this paragraph,  
107 the term "emotionally disturbed" means a condition exhibiting one  
108 or more of the following characteristics over a long period of  
109 time and to a marked degree, which adversely affects educational  
110 performance:

- 111                   1. An inability to learn which cannot be explained  
112 by intellectual, sensory or health factors;
- 113                   2. An inability to build or maintain satisfactory  
114 relationships with peers and teachers;
- 115                   3. Inappropriate types of behavior or feelings  
116 under normal circumstances;
- 117                   4. A general pervasive mood of unhappiness or  
118 depression; or
- 119                   5. A tendency to develop physical symptoms or  
120 fears associated with personal or school problems. An

121 establishment furnishing primarily domiciliary care is not within  
122 this definition.

123 (e) "Pediatric skilled nursing facility" means an  
124 institution or a distinct part of an institution that is primarily  
125 engaged in providing to inpatients skilled nursing care and  
126 related services for persons under twenty-one (21) years of age  
127 who require medical or nursing care or rehabilitation services for  
128 the rehabilitation of injured, disabled or sick persons.

129 (f) "Licensing agency" means the State Department of  
130 Health.

131 (g) "Medical records" mean, without restriction, those  
132 medical histories, records, reports, summaries, diagnoses and  
133 prognoses, records of treatment and medication ordered and given,  
134 notes, entries, x-rays and other written or graphic data prepared,  
135 kept, made or maintained in institutions for the aged or infirm  
136 that pertain to residency in, or services rendered to residents  
137 of, an institution for the aged or infirm.

138 (h) "Adult foster care facility" means a home setting  
139 for vulnerable adults in the community who are unable to live  
140 independently due to physical, emotional, developmental or mental  
141 impairments, or in need of emergency and continuing protective  
142 social services for purposes of preventing further abuse or  
143 neglect and for safeguarding and enhancing the welfare of the  
144 abused or neglected vulnerable adult. Adult foster care programs  
145 shall be designed to meet the needs of vulnerable adults with  
146 impairments through individual plans of care, which provide a

147 variety of health, social and related support services in a  
148 protective setting, enabling participants to live in the  
149 community. Adult foster care programs may be (i) traditional,  
150 where the foster care provider lives in the residence and is the  
151 primary caregiver to clients in the home; (ii) corporate, where  
152 the foster care home is operated by a corporation with shift staff  
153 delivering services to clients; or (iii) shelter, where the foster  
154 care home accepts clients on an emergency short-term basis for up  
155 to thirty (30) days.

156 (i) "Special Care Facility for Paroled Inmates" means a  
157 long-term care and skilled nursing facility licensed as a special  
158 care facility for medically frail paroled inmates, formed to ease  
159 the burden of prison overcrowding and provide compassionate  
160 release and medical parole initiatives while impacting economic  
161 outcomes for the Mississippi Prison System. The facility shall  
162 meet all Mississippi Department of Health and federal Center for  
163 Medicaid Services (CMS) requirements and shall be regulated by  
164 both agencies. The facility will offer Physical, Occupational and  
165 Speech Therapy, Nursing Services, Wound Care, a dedicated COVID  
166 Services Unit, Individualized Patient Centered Plans of Care,  
167 Social Services, Spiritual Services, Physical Activities,  
168 Transportation, Medication, Durable Medical Equipment,  
169 Personalized Meal Plans by a Licensed Dietician and Security  
170 Services. The facility shall have not less than sixty (60) beds  
171 nor more than one hundred (100) beds.

172           **SECTION 4.** Section 43-11-13, Mississippi Code of 1972, is  
173 amended as follows:

174           43-11-13. (1) The licensing agency shall adopt, amend,  
175 promulgate and enforce such rules, regulations and standards,  
176 including classifications, with respect to all institutions for  
177 the aged or infirm to be licensed under this chapter as may be  
178 designed to further the accomplishment of the purpose of this  
179 chapter in promoting adequate care of individuals in those  
180 institutions in the interest of public health, safety and welfare.  
181 Those rules, regulations and standards shall be adopted and  
182 promulgated by the licensing agency and shall be recorded and  
183 indexed in a book to be maintained by the licensing agency in its  
184 main office in the State of Mississippi, entitled "Rules,  
185 Regulations and Minimum Standards for Institutions for the Aged or  
186 Infirm" and the book shall be open and available to all  
187 institutions for the aged or infirm and the public generally at  
188 all reasonable times. Upon the adoption of those rules,  
189 regulations and standards, the licensing agency shall mail copies  
190 thereof to all those institutions in the state that have filed  
191 with the agency their names and addresses for this purpose, but  
192 the failure to mail the same or the failure of the institutions to  
193 receive the same shall in no way affect the validity thereof. The  
194 rules, regulations and standards may be amended by the licensing  
195 agency, from time to time, as necessary to promote the health,  
196 safety and welfare of persons living in those institutions.

197           (2) The licensee shall keep posted in a conspicuous place on  
198 the licensed premises all current rules, regulations and minimum  
199 standards applicable to fire protection measures as adopted by the  
200 licensing agency. The licensee shall furnish to the licensing  
201 agency at least once each six (6) months a certificate of approval  
202 and inspection by state or local fire authorities. Failure to  
203 comply with state laws and/or municipal ordinances and current  
204 rules, regulations and minimum standards as adopted by the  
205 licensing agency, relative to fire prevention measures, shall be  
206 prima facie evidence for revocation of license.

207           (3) The State Board of Health shall promulgate rules and  
208 regulations restricting the storage, quantity and classes of drugs  
209 allowed in personal care homes and adult foster care facilities.  
210 Residents requiring administration of Schedule II Narcotics as  
211 defined in the Uniform Controlled Substances Law may be admitted  
212 to a personal care home. Schedule drugs may only be allowed in a  
213 personal care home if they are administered or stored utilizing  
214 proper procedures under the direct supervision of a licensed  
215 physician or nurse.

216           (4) (a) Notwithstanding any determination by the licensing  
217 agency that skilled nursing services would be appropriate for a  
218 resident of a personal care home, that resident, the resident's  
219 guardian or the legally recognized responsible party for the  
220 resident may consent in writing for the resident to continue to  
221 reside in the personal care home, if approved in writing by a  
222 licensed physician. However, no personal care home shall allow



223 more than two (2) residents, or ten percent (10%) of the total  
224 number of residents in the facility, whichever is greater, to  
225 remain in the personal care home under the provisions of this  
226 subsection (4). This consent shall be deemed to be appropriately  
227 informed consent as described in the regulations promulgated by  
228 the licensing agency. After that written consent has been  
229 obtained, the resident shall have the right to continue to reside  
230 in the personal care home for as long as the resident meets the  
231 other conditions for residing in the personal care home. A copy  
232 of the written consent and the physician's approval shall be  
233 forwarded by the personal care home to the licensing agency.

234 (b) The State Board of Health shall promulgate rules  
235 and regulations restricting the handling of a resident's personal  
236 deposits by the director of a personal care home. Any funds given  
237 or provided for the purpose of supplying extra comforts,  
238 conveniences or services to any resident in any personal care  
239 home, and any funds otherwise received and held from, for or on  
240 behalf of any such resident, shall be deposited by the director or  
241 other proper officer of the personal care home to the credit of  
242 that resident in an account that shall be known as the Resident's  
243 Personal Deposit Fund. No more than one (1) month's charge for  
244 the care, support, maintenance and medical attention of the  
245 resident shall be applied from the account at any one time. After  
246 the death, discharge or transfer of any resident for whose benefit  
247 any such fund has been provided, any unexpended balance remaining  
248 in his personal deposit fund shall be applied for the payment of

249 care, cost of support, maintenance and medical attention that is  
250 accrued. If any unexpended balance remains in that resident's  
251 personal deposit fund after complete reimbursement has been made  
252 for payment of care, support, maintenance and medical attention,  
253 and the director or other proper officer of the personal care home  
254 has been or shall be unable to locate the person or persons  
255 entitled to the unexpended balance, the director or other proper  
256 officer may, after the lapse of one (1) year from the date of that  
257 death, discharge or transfer, deposit the unexpended balance to  
258 the credit of the personal care home's operating fund.

259 (c) The State Board of Health shall promulgate rules  
260 and regulations requiring personal care homes to maintain records  
261 relating to health condition, medicine dispensed and administered,  
262 and any reaction to that medicine. The director of the personal  
263 care home shall be responsible for explaining the availability of  
264 those records to the family of the resident at any time upon  
265 reasonable request.

266 (5) The State Board of Health and the Mississippi Department  
267 of Corrections shall jointly issue rules and regulations for the  
268 operation of the Special Care Facility for Paroled Inmates.

269 ( \* \* \*6) (a) For the purposes of this subsection

270 ( \* \* \*6):

271 (i) "Licensed entity" means a hospital, nursing  
272 home, personal care home, home health agency, hospice or adult  
273 foster care facility;

274 (ii) "Covered entity" means a licensed entity or a  
275 health care professional staffing agency;

276 (iii) "Employee" means any individual employed by  
277 a covered entity, and also includes any individual who by contract  
278 provides to the patients, residents or clients being served by the  
279 covered entity direct, hands-on, medical patient care in a  
280 patient's, resident's or client's room or in treatment or recovery  
281 rooms. The term "employee" does not include health care  
282 professional/vocational technical students performing clinical  
283 training in a licensed entity under contracts between their  
284 schools and the licensed entity, and does not include students at  
285 high schools located in Mississippi who observe the treatment and  
286 care of patients in a licensed entity as part of the requirements  
287 of an allied-health course taught in the high school, if:

288 1. The student is under the supervision of a  
289 licensed health care provider; and

290 2. The student has signed an affidavit that  
291 is on file at the student's school stating that he or she has not  
292 been convicted of or pleaded guilty or nolo contendere to a felony  
293 listed in paragraph (d) of this subsection ( \* \* \*6), or that any  
294 such conviction or plea was reversed on appeal or a pardon was  
295 granted for the conviction or plea. Before any student may sign  
296 such an affidavit, the student's school shall provide information  
297 to the student explaining what a felony is and the nature of the  
298 felonies listed in paragraph (d) of this subsection ( \* \* \*6).

299           However, the health care professional/vocational technical  
300 academic program in which the student is enrolled may require the  
301 student to obtain criminal history record checks. In such  
302 incidences, paragraph (a)(iii)1 and 2 of this subsection ( \* \* \*6)  
303 does not preclude the licensing entity from processing submitted  
304 fingerprints of students from healthcare-related  
305 professional/vocational technical programs who, as part of their  
306 program of study, conduct observations and provide clinical care  
307 and services in a covered entity.

308           (b) Under regulations promulgated by the State Board of  
309 Health, the licensing agency shall require to be performed a  
310 criminal history record check on (i) every new employee of a  
311 covered entity who provides direct patient care or services and  
312 who is employed on or after July 1, 2003, and (ii) every employee  
313 of a covered entity employed before July 1, 2003, who has a  
314 documented disciplinary action by his or her present employer. In  
315 addition, the licensing agency shall require the covered entity to  
316 perform a disciplinary check with the professional licensing  
317 agency of each employee, if any, to determine if any disciplinary  
318 action has been taken against the employee by that agency.

319           Except as otherwise provided in paragraph (c) of this  
320 subsection ( \* \* \*6), no such employee hired on or after July 1,  
321 2003, shall be permitted to provide direct patient care until the  
322 results of the criminal history record check have revealed no  
323 disqualifying record or the employee has been granted a waiver.  
324 In order to determine the employee applicant's suitability for

325 employment, the applicant shall be fingerprinted. Fingerprints  
326 shall be submitted to the licensing agency from scanning, with the  
327 results processed through the Department of Public Safety's  
328 Criminal Information Center. The fingerprints shall then be  
329 forwarded by the Department of Public Safety to the Federal Bureau  
330 of Investigation for a national criminal history record check.  
331 The licensing agency shall notify the covered entity of the  
332 results of an employee applicant's criminal history record check.  
333 If the criminal history record check discloses a felony  
334 conviction, guilty plea or plea of nolo contendere to a felony of  
335 possession or sale of drugs, murder, manslaughter, armed robbery,  
336 rape, sexual battery, sex offense listed in Section 45-33-23(h),  
337 child abuse, arson, grand larceny, burglary, gratification of lust  
338 or aggravated assault, or felonious abuse and/or battery of a  
339 vulnerable adult that has not been reversed on appeal or for which  
340 a pardon has not been granted, the employee applicant shall not be  
341 eligible to be employed by the covered entity.

342 (c) Any such new employee applicant may, however, be  
343 employed on a temporary basis pending the results of the criminal  
344 history record check, but any employment contract with the new  
345 employee shall be voidable if the new employee receives a  
346 disqualifying criminal history record check and no waiver is  
347 granted as provided in this subsection ( \* \* \*6).

348 (d) Under regulations promulgated by the State Board of  
349 Health, the licensing agency shall require every employee of a  
350 covered entity employed before July 1, 2003, to sign an affidavit

351 stating that he or she has not been convicted of or pleaded guilty  
352 or nolo contendere to a felony of possession or sale of drugs,  
353 murder, manslaughter, armed robbery, rape, sexual battery, any sex  
354 offense listed in Section 45-33-23(h), child abuse, arson, grand  
355 larceny, burglary, gratification of lust, aggravated assault, or  
356 felonious abuse and/or battery of a vulnerable adult, or that any  
357 such conviction or plea was reversed on appeal or a pardon was  
358 granted for the conviction or plea. No such employee of a covered  
359 entity hired before July 1, 2003, shall be permitted to provide  
360 direct patient care until the employee has signed the affidavit  
361 required by this paragraph (d). All such existing employees of  
362 covered entities must sign the affidavit required by this  
363 paragraph (d) within six (6) months of the final adoption of the  
364 regulations promulgated by the State Board of Health. If a person  
365 signs the affidavit required by this paragraph (d), and it is  
366 later determined that the person actually had been convicted of or  
367 pleaded guilty or nolo contendere to any of the offenses listed in  
368 this paragraph (d) and the conviction or plea has not been  
369 reversed on appeal or a pardon has not been granted for the  
370 conviction or plea, the person is guilty of perjury. If the  
371 offense that the person was convicted of or pleaded guilty or nolo  
372 contendere to was a violent offense, the person, upon a conviction  
373 of perjury under this paragraph, shall be punished as provided in  
374 Section 97-9-61. If the offense that the person was convicted of  
375 or pleaded guilty or nolo contendere to was a nonviolent offense,  
376 the person, upon a conviction of perjury under this paragraph,

377 shall be punished by a fine of not more than Five Hundred Dollars  
378 (\$500.00), or by imprisonment in the county jail for not more than  
379 six (6) months, or by both such fine and imprisonment.

380 (e) The covered entity may, in its discretion, allow  
381 any employee who is unable to sign the affidavit required by  
382 paragraph (d) of this subsection ( \* \* \*6) or any employee  
383 applicant aggrieved by an employment decision under this  
384 subsection ( \* \* \*6) to appear before the covered entity's hiring  
385 officer, or his or her designee, to show mitigating circumstances  
386 that may exist and allow the employee or employee applicant to be  
387 employed by the covered entity. The covered entity, upon report  
388 and recommendation of the hiring officer, may grant waivers for  
389 those mitigating circumstances, which shall include, but not be  
390 limited to: (i) age at which the crime was committed; (ii)  
391 circumstances surrounding the crime; (iii) length of time since  
392 the conviction and criminal history since the conviction; (iv)  
393 work history; (v) current employment and character references; and  
394 (vi) other evidence demonstrating the ability of the individual to  
395 perform the employment responsibilities competently and that the  
396 individual does not pose a threat to the health or safety of the  
397 patients of the covered entity.

398 (f) The licensing agency may charge the covered entity  
399 submitting the fingerprints a fee not to exceed Fifty Dollars  
400 (\$50.00), which covered entity may, in its discretion, charge the  
401 same fee, or a portion thereof, to the employee applicant. Any  
402 increase in the fee charged by the licensing agency under this

403 paragraph shall be in accordance with the provisions of Section  
404 41-3-65. Any costs incurred by a covered entity implementing this  
405 subsection ( \* \* \*6) shall be reimbursed as an allowable cost  
406 under Section 43-13-116.

407 (g) If the results of an employee applicant's criminal  
408 history record check reveals no disqualifying event, then the  
409 covered entity shall, within two (2) weeks of the notification of  
410 no disqualifying event, provide the employee applicant with a  
411 notarized letter signed by the chief executive officer of the  
412 covered entity, or his or her authorized designee, confirming the  
413 employee applicant's suitability for employment based on his or  
414 her criminal history record check. An employee applicant may use  
415 that letter for a period of two (2) years from the date of the  
416 letter to seek employment with any covered entity without the  
417 necessity of an additional criminal history record check. Any  
418 covered entity presented with the letter may rely on the letter  
419 with respect to an employee applicant's criminal background and is  
420 not required for a period of two (2) years from the date of the  
421 letter to conduct or have conducted a criminal history record  
422 check as required in this subsection ( \* \* \*6).

423 (h) The licensing agency, the covered entity, and their  
424 agents, officers, employees, attorneys and representatives, shall  
425 be presumed to be acting in good faith for any employment decision  
426 or action taken under this subsection ( \* \* \*6). The presumption  
427 of good faith may be overcome by a preponderance of the evidence  
428 in any civil action. No licensing agency, covered entity, nor



429 their agents, officers, employees, attorneys and representatives  
430 shall be held liable in any employment decision or action based in  
431 whole or in part on compliance with or attempts to comply with the  
432 requirements of this subsection ( \* \* \*6).

433 (i) The licensing agency shall promulgate regulations  
434 to implement this subsection ( \* \* \*6).

435 (j) The provisions of this subsection ( \* \* \*6) shall  
436 not apply to:

437 (i) Applicants and employees of the University of  
438 Mississippi Medical Center for whom criminal history record checks  
439 and fingerprinting are obtained in accordance with Section  
440 37-115-41; or

441 (ii) Health care professional/vocational technical  
442 students for whom criminal history record checks and  
443 fingerprinting are obtained in accordance with Section 37-29-232.

444 ( \* \* \*7) The State Board of Health shall promulgate rules,  
445 regulations and standards regarding the operation of adult foster  
446 care facilities.

447 **SECTION 5.** Section 47-5-28, Mississippi Code of 1972, is  
448 amended as follows:

449 47-5-28. The commissioner shall have the following powers  
450 and duties:

451 (a) To implement and administer laws and policy  
452 relating to corrections and coordinate the efforts of the  
453 department with those of the federal government and other state  
454 departments and agencies, county governments, municipal

455 governments, and private agencies concerned with providing  
456 offender services;

457 (b) To establish standards, in cooperation with other  
458 state agencies having responsibility as provided by law, provide  
459 technical assistance, and exercise the requisite supervision as it  
460 relates to correctional programs over all state-supported adult  
461 correctional facilities and community-based programs;

462 (c) To promulgate and publish such rules, regulations  
463 and policies of the department as are needed for the efficient  
464 government and maintenance of all facilities and programs in  
465 accord insofar as possible with currently accepted standards of  
466 adult offender care and treatment;

467 (d) To provide the Parole Board with suitable and  
468 sufficient office space and support resources and staff necessary  
469 to \* \* \* conduct Parole Board business under the guidance of the  
470 Chairman of the Parole Board;

471 (e) To contract for transitional reentry center beds  
472 that will be used as noncorrections housing for offenders released  
473 from the department on parole, probation or post-release  
474 supervision but do not have appropriate housing available upon  
475 release. At least one hundred (100) but no more than eight  
476 hundred (800) transitional reentry center beds contracted by the  
477 department and chosen by the Parole Board shall be available for  
478 the Parole Board to place parolees without appropriate housing;

479 (f) To designate deputy commissioners while performing  
480 their officially assigned duties relating to the custody, control,

481 transportation, recapture or arrest of any offender within the  
482 jurisdiction of the department or any offender of any jail,  
483 penitentiary, public workhouse or overnight lockup of the state or  
484 any political subdivision thereof not within the jurisdiction of  
485 the department, to the status of peace officers anywhere in the  
486 state in any matter relating to the custody, control,  
487 transportation or recapture of such offender, and shall have the  
488 status of law enforcement officers and peace officers as  
489 contemplated by Sections 45-6-3, 97-3-7 and 97-3-19.

490 For the purpose of administration and enforcement of this  
491 chapter, deputy commissioners of the Mississippi Department of  
492 Corrections, who are certified by the Mississippi Board on Law  
493 Enforcement Officer Standards and Training, have the powers of a  
494 law enforcement officer of this state. Such powers shall include  
495 to make arrests and to serve and execute search warrants and other  
496 valid legal process anywhere within the State of Mississippi while  
497 performing their officially assigned duties relating to the  
498 custody, control, transportation, recapture or arrest of any  
499 offender within the jurisdiction of the department or any offender  
500 of any jail, penitentiary, public workhouse or overnight lockup of  
501 the state or any political subdivision thereof not within the  
502 jurisdiction of the department in any matter relating to the  
503 custody, control, transportation or recapture of such  
504 offender \* \* \*;

505 (g) To make an annual report to the Governor and the  
506 Legislature reflecting the activities of the department and make

507 recommendations for improvement of the services to be performed by  
508 the department;

509 (h) To cooperate fully with periodic independent  
510 internal investigations of the department and to file the report  
511 with the Governor and the Legislature;

512 (i) To make personnel actions for a period of one (1)  
513 year beginning July 1, 2016, that are exempt from State Personnel  
514 Board rules, regulations and procedures in order to give the  
515 commissioner flexibility in making an orderly, effective and  
516 timely reorganization and realignment of the department; \* \* \*

517 (j) To contract with a licensed Special Care Facility  
518 for Paroled Inmates to provide authorized medical services and  
519 support services for medically frail inmates who have been paroled  
520 and committed to the custody of such facility; and

521 ( \* \* \*k) To perform such other duties necessary to  
522 effectively and efficiently carry out the purposes of the  
523 department as may be directed by the Governor.

524 **SECTION 6.** Section 47-7-4, Mississippi Code of 1972, is  
525 amended as follows:

526 47-7-4. (1) The commissioner and the medical director of  
527 the department may place an offender who has served not less than  
528 one (1) year of his or her sentence, except an offender convicted  
529 of a sex crime, on conditional medical release. However, a  
530 nonviolent offender who is bedridden may be placed on conditional  
531 medical release regardless of the time served on his or her  
532 sentence. Upon the release of a nonviolent offender who is

533 bedridden, the state shall not be responsible or liable for any  
534 medical costs that may be incurred if such costs are acquired  
535 after the offender is no longer incarcerated due to his or her  
536 placement on conditional medical release. The commissioner shall  
537 not place an offender on conditional medical release unless the  
538 medical director of the department certifies to the commissioner  
539 that (a) the offender is suffering from a significant permanent  
540 physical medical condition with no possibility of recovery; (b)  
541 that his or her further incarceration will serve no rehabilitative  
542 purposes; and (c) that the state would incur unreasonable expenses  
543 as a result of his or her continued incarceration. Any offender  
544 placed on conditional medical release shall be supervised by the  
545 Division of Community Corrections of the department for the  
546 remainder of his or her sentence. An offender's conditional  
547 medical release may be revoked and the offender returned and  
548 placed in actual custody of the department if the offender  
549 violates an order or condition of his or her conditional medical  
550 release. An offender who is no longer bedridden shall be returned  
551 and placed in the actual custody of the department.

552 (2) (a) The State Parole Board may grant a medical parole  
553 and referral to a licensed Special Care Facility for Paroled  
554 Inmates for an inmate determined to be "medically frail" as  
555 defined in this subsection.

556 (b) For purposes of this subsection (2), the term  
557 "medically frail" means an individual who is a minimal threat to  
558 society as a result of his or her medical condition, whose ability

559 to perform activities of daily living is significantly impaired,  
560 and who may have limited mobility as the result of one or more of  
561 the following conditions from which the individual is not expected  
562 to recover:

563 (i) A disabling mental disorder, including  
564 dementia, Alzheimer's or a similar degenerative brain disorder;

565 (ii) A serious and complex medical condition; or

566 (iii) A physical disability.

567 (c) The following conditions apply to a parole granted  
568 under this subsection (2):

569 (i) An inmate who has been sentenced to capital  
570 punishment is not eligible;

571 (ii) An inmate who has been convicted as a  
572 criminal sex offender is not eligible;

573 (iii) An inmate does not pose a public safety risk  
574 as determined by the State Parole Board;

575 (iv) If the prisoner is incapacitated, an  
576 individual legally entitled to agree to the inmate's placement  
577 agrees to the inmate's placement in a licensed Special Care  
578 Facility for Paroled Inmates or in a medical facility where  
579 medical care and treatment are determined to be appropriate for  
580 the parolee by the State Parole Board;

581 (v) An inmate shall agree to the release of his or  
582 her medical records that are directly relevant to the condition or  
583 conditions rendering the inmate medically frail to the prosecutor  
584 of the county from which the inmate was committed before the State

585 Parole Board determines whether or not to grant parole under this  
586 subsection;

587 (vi) If the inmate is granted parole under this  
588 subsection (2), the inmate shall agree to the quarterly release of  
589 his or her medical records that are directly relevant to the  
590 condition or conditions rendering the inmate medically frail at  
591 the request of the prosecutor of the county from which the inmate  
592 was committed;

593 (vii) The parolee shall adhere to the terms of his  
594 or her parole for the length of his or her parole term, and the  
595 parole shall be for a term not less than the time necessary to  
596 reach the prisoner's earliest release date;

597 (viii) A parolee who violates the terms of his or  
598 her parole or is determined not to be eligible for parole under  
599 this subsection (2) may be transferred to a setting more  
600 appropriate for the medical needs of the parolee;

601 (ix) The Department of Corrections or the State  
602 Parole Board shall not retain authority over the medical treatment  
603 plan for the inmate granted parole under this subsection (2);

604 (x) The department and the State Parole Board  
605 shall ensure that the placement and terms and conditions of parole  
606 granted under this subsection (2) do not violate any other state  
607 or federal regulations;

608 (xi) A medical facility utilized by the department  
609 to facilitate parole under this subsection (2) shall be operated

610 in a manner that ensures the safety of the residents of the  
611 facility.

612 (d) The Mississippi Department of Corrections may enter  
613 into contracts to facilitate the placement of paroled inmates  
614 under this subsection (2). The Mississippi Department of  
615 Corrections shall appoint a specialist in the appropriate field of  
616 medicine, who is not employed by the department, to evaluate the  
617 condition of the inmate considered for parole under this  
618 subsection (2) and to report on that condition to the department  
619 and the State Parole Board. The State Parole Board shall  
620 determine whether the inmate is medically frail in consultation  
621 with the Mississippi Department of Mental Health.

622 **SECTION 7.** The following shall be codified as Section  
623 43-13-117.6, Mississippi Code of 1972:

624 43-13-117.6. (1) The Division of Medicaid shall apply to  
625 the federal Center for Medicaid Services (CMS) for necessary  
626 waivers to provide federal funding under the Medicaid program for  
627 providing reimbursement for authorized services to medically frail  
628 inmates who qualify for nursing home-level care and who the state  
629 deems are not public safety risks, provided through a Special Care  
630 Facility for Paroled Inmates licensed by the State Department of  
631 Health under contract with the Mississippi Department of  
632 Corrections, as specifically authorized under this act.

633 (2) The program for paroled inmates shall be funded from  
634 monies that are appropriated or otherwise made available to the  
635 division specifically to cover the cost of the paroled inmate



636 program and shall not be a part of the division's regular  
637 appropriation for the operation of the federal-state Medicaid  
638 program. This program shall be a separate program within the  
639 Division of Medicaid as the administering agent.

640 **SECTION 8.** Section 41-7-191, Mississippi Code of 1972, is  
641 amended as follows:

642 41-7-191. (1) No person shall engage in any of the  
643 following activities without obtaining the required certificate of  
644 need:

645 (a) The construction, development or other  
646 establishment of a new health care facility, which establishment  
647 shall include the reopening of a health care facility that has  
648 ceased to operate for a period of sixty (60) months or more;

649 (b) The relocation of a health care facility or portion  
650 thereof, or major medical equipment, unless such relocation of a  
651 health care facility or portion thereof, or major medical  
652 equipment, which does not involve a capital expenditure by or on  
653 behalf of a health care facility, is within five thousand two  
654 hundred eighty (5,280) feet from the main entrance of the health  
655 care facility;

656 (c) Any change in the existing bed complement of any  
657 health care facility through the addition or conversion of any  
658 beds or the alteration, modernizing or refurbishing of any unit or  
659 department in which the beds may be located; however, if a health  
660 care facility has voluntarily delicensed some of its existing bed  
661 complement, it may later relicense some or all of its delicensed

662 beds without the necessity of having to acquire a certificate of  
663 need. The State Department of Health shall maintain a record of  
664 the delicensing health care facility and its voluntarily  
665 delicensed beds and continue counting those beds as part of the  
666 state's total bed count for health care planning purposes. If a  
667 health care facility that has voluntarily delicensed some of its  
668 beds later desires to relicense some or all of its voluntarily  
669 delicensed beds, it shall notify the State Department of Health of  
670 its intent to increase the number of its licensed beds. The State  
671 Department of Health shall survey the health care facility within  
672 thirty (30) days of that notice and, if appropriate, issue the  
673 health care facility a new license reflecting the new contingent  
674 of beds. However, in no event may a health care facility that has  
675 voluntarily delicensed some of its beds be reissued a license to  
676 operate beds in excess of its bed count before the voluntary  
677 delicensure of some of its beds without seeking certificate of  
678 need approval;

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

- 683 (i) Open-heart surgery services;
- 684 (ii) Cardiac catheterization services;
- 685 (iii) Comprehensive inpatient rehabilitation  
686 services;
- 687 (iv) Licensed psychiatric services;

688 (v) Licensed chemical dependency services;  
689 (vi) Radiation therapy services;  
690 (vii) Diagnostic imaging services of an invasive  
691 nature, i.e. invasive digital angiography;  
692 (viii) Nursing home care as defined in  
693 subparagraphs (iv), (vi) and (viii) of Section 41-7-173(h);  
694 (ix) Home health services;  
695 (x) Swing-bed services;  
696 (xi) Ambulatory surgical services;  
697 (xii) Magnetic resonance imaging services;  
698 (xiii) [Deleted]  
699 (xiv) Long-term care hospital services;  
700 (xv) Positron emission tomography (PET) services;  
701 (e) The relocation of one or more health services from  
702 one physical facility or site to another physical facility or  
703 site, unless such relocation, which does not involve a capital  
704 expenditure by or on behalf of a health care facility, (i) is to a  
705 physical facility or site within five thousand two hundred eighty  
706 (5,280) feet from the main entrance of the health care facility  
707 where the health care service is located, or (ii) is the result of  
708 an order of a court of appropriate jurisdiction or a result of  
709 pending litigation in such court, or by order of the State  
710 Department of Health, or by order of any other agency or legal  
711 entity of the state, the federal government, or any political  
712 subdivision of either, whose order is also approved by the State  
713 Department of Health;

714           (f) The acquisition or otherwise control of any major  
715 medical equipment for the provision of medical services; however,  
716 (i) the acquisition of any major medical equipment used only for  
717 research purposes, and (ii) the acquisition of major medical  
718 equipment to replace medical equipment for which a facility is  
719 already providing medical services and for which the State  
720 Department of Health has been notified before the date of such  
721 acquisition shall be exempt from this paragraph; an acquisition  
722 for less than fair market value must be reviewed, if the  
723 acquisition at fair market value would be subject to review;

724           (g) Changes of ownership of existing health care  
725 facilities in which a notice of intent is not filed with the State  
726 Department of Health at least thirty (30) days prior to the date  
727 such change of ownership occurs, or a change in services or bed  
728 capacity as prescribed in paragraph (c) or (d) of this subsection  
729 as a result of the change of ownership; an acquisition for less  
730 than fair market value must be reviewed, if the acquisition at  
731 fair market value would be subject to review;

732           (h) The change of ownership of any health care facility  
733 defined in subparagraphs (iv), (vi) and (viii) of Section  
734 41-7-173(h), in which a notice of intent as described in paragraph  
735 (g) has not been filed and if the Executive Director, Division of  
736 Medicaid, Office of the Governor, has not certified in writing  
737 that there will be no increase in allowable costs to Medicaid from  
738 revaluation of the assets or from increased interest and  
739 depreciation as a result of the proposed change of ownership;

740 (i) Any activity described in paragraphs (a) through  
741 (h) if undertaken by any person if that same activity would  
742 require certificate of need approval if undertaken by a health  
743 care facility;

744 (j) Any capital expenditure or deferred capital  
745 expenditure by or on behalf of a health care facility not covered  
746 by paragraphs (a) through (h);

747 (k) The contracting of a health care facility as  
748 defined in subparagraphs (i) through (viii) of Section 41-7-173(h)  
749 to establish a home office, subunit, or branch office in the space  
750 operated as a health care facility through a formal arrangement  
751 with an existing health care facility as defined in subparagraph  
752 (ix) of Section 41-7-173(h);

753 (l) The replacement or relocation of a health care  
754 facility designated as a critical access hospital shall be exempt  
755 from subsection (1) of this section so long as the critical access  
756 hospital complies with all applicable federal law and regulations  
757 regarding such replacement or relocation;

758 (m) Reopening a health care facility that has ceased to  
759 operate for a period of sixty (60) months or more, which reopening  
760 requires a certificate of need for the establishment of a new  
761 health care facility.

762 (2) The State Department of Health shall not grant approval  
763 for or issue a certificate of need to any person proposing the new  
764 construction of, addition to, or expansion of any health care  
765 facility defined in subparagraphs (iv) (skilled nursing facility)

766 and (vi) (intermediate care facility) of Section 41-7-173(h) or  
767 the conversion of vacant hospital beds to provide skilled or  
768 intermediate nursing home care, except as hereinafter authorized:

769 (a) The department may issue a certificate of need to  
770 any person proposing the new construction of any health care  
771 facility defined in subparagraphs (iv) and (vi) of Section  
772 41-7-173(h) as part of a life care retirement facility, in any  
773 county bordering on the Gulf of Mexico in which is located a  
774 National Aeronautics and Space Administration facility, not to  
775 exceed forty (40) beds. From and after July 1, 1999, there shall  
776 be no prohibition or restrictions on participation in the Medicaid  
777 program (Section 43-13-101 et seq.) for the beds in the health  
778 care facility that were authorized under this paragraph (a).

779 (b) The department may issue certificates of need in  
780 Harrison County to provide skilled nursing home care for  
781 Alzheimer's disease patients and other patients, not to exceed one  
782 hundred fifty (150) beds. From and after July 1, 1999, there  
783 shall be no prohibition or restrictions on participation in the  
784 Medicaid program (Section 43-13-101 et seq.) for the beds in the  
785 nursing facilities that were authorized under this paragraph (b).

786 (c) The department may issue a certificate of need for  
787 the addition to or expansion of any skilled nursing facility that  
788 is part of an existing continuing care retirement community  
789 located in Madison County, provided that the recipient of the  
790 certificate of need agrees in writing that the skilled nursing  
791 facility will not at any time participate in the Medicaid program

792 (Section 43-13-101 et seq.) or admit or keep any patients in the  
793 skilled nursing facility who are participating in the Medicaid  
794 program. This written agreement by the recipient of the  
795 certificate of need shall be fully binding on any subsequent owner  
796 of the skilled nursing facility, if the ownership of the facility  
797 is transferred at any time after the issuance of the certificate  
798 of need. Agreement that the skilled nursing facility will not  
799 participate in the Medicaid program shall be a condition of the  
800 issuance of a certificate of need to any person under this  
801 paragraph (c), and if such skilled nursing facility at any time  
802 after the issuance of the certificate of need, regardless of the  
803 ownership of the facility, participates in the Medicaid program or  
804 admits or keeps any patients in the facility who are participating  
805 in the Medicaid program, the State Department of Health shall  
806 revoke the certificate of need, if it is still outstanding, and  
807 shall deny or revoke the license of the skilled nursing facility,  
808 at the time that the department determines, after a hearing  
809 complying with due process, that the facility has failed to comply  
810 with any of the conditions upon which the certificate of need was  
811 issued, as provided in this paragraph and in the written agreement  
812 by the recipient of the certificate of need. The total number of  
813 beds that may be authorized under the authority of this paragraph  
814 (c) shall not exceed sixty (60) beds.

815 (d) The State Department of Health may issue a  
816 certificate of need to any hospital located in DeSoto County for  
817 the new construction of a skilled nursing facility, not to exceed

818 one hundred twenty (120) beds, in DeSoto County. From and after  
819 July 1, 1999, there shall be no prohibition or restrictions on  
820 participation in the Medicaid program (Section 43-13-101 et seq.)  
821 for the beds in the nursing facility that were authorized under  
822 this paragraph (d).

823 (e) The State Department of Health may issue a  
824 certificate of need for the construction of a nursing facility or  
825 the conversion of beds to nursing facility beds at a personal care  
826 facility for the elderly in Lowndes County that is owned and  
827 operated by a Mississippi nonprofit corporation, not to exceed  
828 sixty (60) beds. From and after July 1, 1999, there shall be no  
829 prohibition or restrictions on participation in the Medicaid  
830 program (Section 43-13-101 et seq.) for the beds in the nursing  
831 facility that were authorized under this paragraph (e).

832 (f) The State Department of Health may issue a  
833 certificate of need for conversion of a county hospital facility  
834 in Itawamba County to a nursing facility, not to exceed sixty (60)  
835 beds, including any necessary construction, renovation or  
836 expansion. From and after July 1, 1999, there shall be no  
837 prohibition or restrictions on participation in the Medicaid  
838 program (Section 43-13-101 et seq.) for the beds in the nursing  
839 facility that were authorized under this paragraph (f).

840 (g) The State Department of Health may issue a  
841 certificate of need for the construction or expansion of nursing  
842 facility beds or the conversion of other beds to nursing facility  
843 beds in either Hinds, Madison or Rankin County, not to exceed



844 sixty (60) beds. From and after July 1, 1999, there shall be no  
845 prohibition or restrictions on participation in the Medicaid  
846 program (Section 43-13-101 et seq.) for the beds in the nursing  
847 facility that were authorized under this paragraph (g).

848 (h) The State Department of Health may issue a  
849 certificate of need for the construction or expansion of nursing  
850 facility beds or the conversion of other beds to nursing facility  
851 beds in either Hancock, Harrison or Jackson County, not to exceed  
852 sixty (60) beds. From and after July 1, 1999, there shall be no  
853 prohibition or restrictions on participation in the Medicaid  
854 program (Section 43-13-101 et seq.) for the beds in the facility  
855 that were authorized under this paragraph (h).

856 (i) The department may issue a certificate of need for  
857 the new construction of a skilled nursing facility in Leake  
858 County, provided that the recipient of the certificate of need  
859 agrees in writing that the skilled nursing facility will not at  
860 any time participate in the Medicaid program (Section 43-13-101 et  
861 seq.) or admit or keep any patients in the skilled nursing  
862 facility who are participating in the Medicaid program. This  
863 written agreement by the recipient of the certificate of need  
864 shall be fully binding on any subsequent owner of the skilled  
865 nursing facility, if the ownership of the facility is transferred  
866 at any time after the issuance of the certificate of need.  
867 Agreement that the skilled nursing facility will not participate  
868 in the Medicaid program shall be a condition of the issuance of a  
869 certificate of need to any person under this paragraph (i), and if

870 such skilled nursing facility at any time after the issuance of  
871 the certificate of need, regardless of the ownership of the  
872 facility, participates in the Medicaid program or admits or keeps  
873 any patients in the facility who are participating in the Medicaid  
874 program, the State Department of Health shall revoke the  
875 certificate of need, if it is still outstanding, and shall deny or  
876 revoke the license of the skilled nursing facility, at the time  
877 that the department determines, after a hearing complying with due  
878 process, that the facility has failed to comply with any of the  
879 conditions upon which the certificate of need was issued, as  
880 provided in this paragraph and in the written agreement by the  
881 recipient of the certificate of need. The provision of Section  
882 41-7-193(1) regarding substantial compliance of the projection of  
883 need as reported in the current State Health Plan is waived for  
884 the purposes of this paragraph. The total number of nursing  
885 facility beds that may be authorized by any certificate of need  
886 issued under this paragraph (i) shall not exceed sixty (60) beds.  
887 If the skilled nursing facility authorized by the certificate of  
888 need issued under this paragraph is not constructed and fully  
889 operational within eighteen (18) months after July 1, 1994, the  
890 State Department of Health, after a hearing complying with due  
891 process, shall revoke the certificate of need, if it is still  
892 outstanding, and shall not issue a license for the skilled nursing  
893 facility at any time after the expiration of the eighteen-month  
894 period.

895           (j) The department may issue certificates of need to  
896 allow any existing freestanding long-term care facility in  
897 Tishomingo County and Hancock County that on July 1, 1995, is  
898 licensed with fewer than sixty (60) beds. For the purposes of  
899 this paragraph (j), the provisions of Section 41-7-193(1)  
900 requiring substantial compliance with the projection of need as  
901 reported in the current State Health Plan are waived. From and  
902 after July 1, 1999, there shall be no prohibition or restrictions  
903 on participation in the Medicaid program (Section 43-13-101 et  
904 seq.) for the beds in the long-term care facilities that were  
905 authorized under this paragraph (j).

906           (k) The department may issue a certificate of need for  
907 the construction of a nursing facility at a continuing care  
908 retirement community in Lowndes County. The total number of beds  
909 that may be authorized under the authority of this paragraph (k)  
910 shall not exceed sixty (60) beds. From and after July 1, 2001,  
911 the prohibition on the facility participating in the Medicaid  
912 program (Section 43-13-101 et seq.) that was a condition of  
913 issuance of the certificate of need under this paragraph (k) shall  
914 be revised as follows: The nursing facility may participate in  
915 the Medicaid program from and after July 1, 2001, if the owner of  
916 the facility on July 1, 2001, agrees in writing that no more than  
917 thirty (30) of the beds at the facility will be certified for  
918 participation in the Medicaid program, and that no claim will be  
919 submitted for Medicaid reimbursement for more than thirty (30)  
920 patients in the facility in any month or for any patient in the

921 facility who is in a bed that is not Medicaid-certified. This  
922 written agreement by the owner of the facility shall be a  
923 condition of licensure of the facility, and the agreement shall be  
924 fully binding on any subsequent owner of the facility if the  
925 ownership of the facility is transferred at any time after July 1,  
926 2001. After this written agreement is executed, the Division of  
927 Medicaid and the State Department of Health shall not certify more  
928 than thirty (30) of the beds in the facility for participation in  
929 the Medicaid program. If the facility violates the terms of the  
930 written agreement by admitting or keeping in the facility on a  
931 regular or continuing basis more than thirty (30) patients who are  
932 participating in the Medicaid program, the State Department of  
933 Health shall revoke the license of the facility, at the time that  
934 the department determines, after a hearing complying with due  
935 process, that the facility has violated the written agreement.

936 (1) Provided that funds are specifically appropriated  
937 therefor by the Legislature, the department may issue a  
938 certificate of need to a rehabilitation hospital in Hinds County  
939 for the construction of a sixty-bed long-term care nursing  
940 facility dedicated to the care and treatment of persons with  
941 severe disabilities including persons with spinal cord and  
942 closed-head injuries and ventilator dependent patients. The  
943 provisions of Section 41-7-193(1) regarding substantial compliance  
944 with projection of need as reported in the current State Health  
945 Plan are waived for the purpose of this paragraph.

946 (m) The State Department of Health may issue a  
947 certificate of need to a county-owned hospital in the Second  
948 Judicial District of Panola County for the conversion of not more  
949 than seventy-two (72) hospital beds to nursing facility beds,  
950 provided that the recipient of the certificate of need agrees in  
951 writing that none of the beds at the nursing facility will be  
952 certified for participation in the Medicaid program (Section  
953 43-13-101 et seq.), and that no claim will be submitted for  
954 Medicaid reimbursement in the nursing facility in any day or for  
955 any patient in the nursing facility. This written agreement by  
956 the recipient of the certificate of need shall be a condition of  
957 the issuance of the certificate of need under this paragraph, and  
958 the agreement shall be fully binding on any subsequent owner of  
959 the nursing facility if the ownership of the nursing facility is  
960 transferred at any time after the issuance of the certificate of  
961 need. After this written agreement is executed, the Division of  
962 Medicaid and the State Department of Health shall not certify any  
963 of the beds in the nursing facility for participation in the  
964 Medicaid program. If the nursing facility violates the terms of  
965 the written agreement by admitting or keeping in the nursing  
966 facility on a regular or continuing basis any patients who are  
967 participating in the Medicaid program, the State Department of  
968 Health shall revoke the license of the nursing facility, at the  
969 time that the department determines, after a hearing complying  
970 with due process, that the nursing facility has violated the  
971 condition upon which the certificate of need was issued, as

972 provided in this paragraph and in the written agreement. If the  
973 certificate of need authorized under this paragraph is not issued  
974 within twelve (12) months after July 1, 2001, the department shall  
975 deny the application for the certificate of need and shall not  
976 issue the certificate of need at any time after the twelve-month  
977 period, unless the issuance is contested. If the certificate of  
978 need is issued and substantial construction of the nursing  
979 facility beds has not commenced within eighteen (18) months after  
980 July 1, 2001, the State Department of Health, after a hearing  
981 complying with due process, shall revoke the certificate of need  
982 if it is still outstanding, and the department shall not issue a  
983 license for the nursing facility at any time after the  
984 eighteen-month period. However, if the issuance of the  
985 certificate of need is contested, the department shall require  
986 substantial construction of the nursing facility beds within six  
987 (6) months after final adjudication on the issuance of the  
988 certificate of need.

989 (n) The department may issue a certificate of need for  
990 the new construction, addition or conversion of skilled nursing  
991 facility beds in Madison County, provided that the recipient of  
992 the certificate of need agrees in writing that the skilled nursing  
993 facility will not at any time participate in the Medicaid program  
994 (Section 43-13-101 et seq.) or admit or keep any patients in the  
995 skilled nursing facility who are participating in the Medicaid  
996 program. This written agreement by the recipient of the  
997 certificate of need shall be fully binding on any subsequent owner

998 of the skilled nursing facility, if the ownership of the facility  
999 is transferred at any time after the issuance of the certificate  
1000 of need. Agreement that the skilled nursing facility will not  
1001 participate in the Medicaid program shall be a condition of the  
1002 issuance of a certificate of need to any person under this  
1003 paragraph (n), and if such skilled nursing facility at any time  
1004 after the issuance of the certificate of need, regardless of the  
1005 ownership of the facility, participates in the Medicaid program or  
1006 admits or keeps any patients in the facility who are participating  
1007 in the Medicaid program, the State Department of Health shall  
1008 revoke the certificate of need, if it is still outstanding, and  
1009 shall deny or revoke the license of the skilled nursing facility,  
1010 at the time that the department determines, after a hearing  
1011 complying with due process, that the facility has failed to comply  
1012 with any of the conditions upon which the certificate of need was  
1013 issued, as provided in this paragraph and in the written agreement  
1014 by the recipient of the certificate of need. The total number of  
1015 nursing facility beds that may be authorized by any certificate of  
1016 need issued under this paragraph (n) shall not exceed sixty (60)  
1017 beds. If the certificate of need authorized under this paragraph  
1018 is not issued within twelve (12) months after July 1, 1998, the  
1019 department shall deny the application for the certificate of need  
1020 and shall not issue the certificate of need at any time after the  
1021 twelve-month period, unless the issuance is contested. If the  
1022 certificate of need is issued and substantial construction of the  
1023 nursing facility beds has not commenced within eighteen (18)

1024 months after July 1, 1998, the State Department of Health, after a  
1025 hearing complying with due process, shall revoke the certificate  
1026 of need if it is still outstanding, and the department shall not  
1027 issue a license for the nursing facility at any time after the  
1028 eighteen-month period. However, if the issuance of the  
1029 certificate of need is contested, the department shall require  
1030 substantial construction of the nursing facility beds within six  
1031 (6) months after final adjudication on the issuance of the  
1032 certificate of need.

1033           (o) The department may issue a certificate of need for  
1034 the new construction, addition or conversion of skilled nursing  
1035 facility beds in Leake County, provided that the recipient of the  
1036 certificate of need agrees in writing that the skilled nursing  
1037 facility will not at any time participate in the Medicaid program  
1038 (Section 43-13-101 et seq.) or admit or keep any patients in the  
1039 skilled nursing facility who are participating in the Medicaid  
1040 program. This written agreement by the recipient of the  
1041 certificate of need shall be fully binding on any subsequent owner  
1042 of the skilled nursing facility, if the ownership of the facility  
1043 is transferred at any time after the issuance of the certificate  
1044 of need. Agreement that the skilled nursing facility will not  
1045 participate in the Medicaid program shall be a condition of the  
1046 issuance of a certificate of need to any person under this  
1047 paragraph (o), and if such skilled nursing facility at any time  
1048 after the issuance of the certificate of need, regardless of the  
1049 ownership of the facility, participates in the Medicaid program or



1050 admits or keeps any patients in the facility who are participating  
1051 in the Medicaid program, the State Department of Health shall  
1052 revoke the certificate of need, if it is still outstanding, and  
1053 shall deny or revoke the license of the skilled nursing facility,  
1054 at the time that the department determines, after a hearing  
1055 complying with due process, that the facility has failed to comply  
1056 with any of the conditions upon which the certificate of need was  
1057 issued, as provided in this paragraph and in the written agreement  
1058 by the recipient of the certificate of need. The total number of  
1059 nursing facility beds that may be authorized by any certificate of  
1060 need issued under this paragraph (o) shall not exceed sixty (60)  
1061 beds. If the certificate of need authorized under this paragraph  
1062 is not issued within twelve (12) months after July 1, 2001, the  
1063 department shall deny the application for the certificate of need  
1064 and shall not issue the certificate of need at any time after the  
1065 twelve-month period, unless the issuance is contested. If the  
1066 certificate of need is issued and substantial construction of the  
1067 nursing facility beds has not commenced within eighteen (18)  
1068 months after July 1, 2001, the State Department of Health, after a  
1069 hearing complying with due process, shall revoke the certificate  
1070 of need if it is still outstanding, and the department shall not  
1071 issue a license for the nursing facility at any time after the  
1072 eighteen-month period. However, if the issuance of the  
1073 certificate of need is contested, the department shall require  
1074 substantial construction of the nursing facility beds within six

1075 (6) months after final adjudication on the issuance of the  
1076 certificate of need.

1077 (p) The department may issue a certificate of need for  
1078 the construction of a municipally owned nursing facility within  
1079 the Town of Belmont in Tishomingo County, not to exceed sixty (60)  
1080 beds, provided that the recipient of the certificate of need  
1081 agrees in writing that the skilled nursing facility will not at  
1082 any time participate in the Medicaid program (Section 43-13-101 et  
1083 seq.) or admit or keep any patients in the skilled nursing  
1084 facility who are participating in the Medicaid program. This  
1085 written agreement by the recipient of the certificate of need  
1086 shall be fully binding on any subsequent owner of the skilled  
1087 nursing facility, if the ownership of the facility is transferred  
1088 at any time after the issuance of the certificate of need.

1089 Agreement that the skilled nursing facility will not participate  
1090 in the Medicaid program shall be a condition of the issuance of a  
1091 certificate of need to any person under this paragraph (p), and if  
1092 such skilled nursing facility at any time after the issuance of  
1093 the certificate of need, regardless of the ownership of the  
1094 facility, participates in the Medicaid program or admits or keeps  
1095 any patients in the facility who are participating in the Medicaid  
1096 program, the State Department of Health shall revoke the  
1097 certificate of need, if it is still outstanding, and shall deny or  
1098 revoke the license of the skilled nursing facility, at the time  
1099 that the department determines, after a hearing complying with due  
1100 process, that the facility has failed to comply with any of the

1101 conditions upon which the certificate of need was issued, as  
1102 provided in this paragraph and in the written agreement by the  
1103 recipient of the certificate of need. The provision of Section  
1104 41-7-193(1) regarding substantial compliance of the projection of  
1105 need as reported in the current State Health Plan is waived for  
1106 the purposes of this paragraph. If the certificate of need  
1107 authorized under this paragraph is not issued within twelve (12)  
1108 months after July 1, 1998, the department shall deny the  
1109 application for the certificate of need and shall not issue the  
1110 certificate of need at any time after the twelve-month period,  
1111 unless the issuance is contested. If the certificate of need is  
1112 issued and substantial construction of the nursing facility beds  
1113 has not commenced within eighteen (18) months after July 1, 1998,  
1114 the State Department of Health, after a hearing complying with due  
1115 process, shall revoke the certificate of need if it is still  
1116 outstanding, and the department shall not issue a license for the  
1117 nursing facility at any time after the eighteen-month period.  
1118 However, if the issuance of the certificate of need is contested,  
1119 the department shall require substantial construction of the  
1120 nursing facility beds within six (6) months after final  
1121 adjudication on the issuance of the certificate of need.

1122 (q) (i) Beginning on July 1, 1999, the State  
1123 Department of Health shall issue certificates of need during each  
1124 of the next four (4) fiscal years for the construction or  
1125 expansion of nursing facility beds or the conversion of other beds  
1126 to nursing facility beds in each county in the state having a need

1127 for fifty (50) or more additional nursing facility beds, as shown  
1128 in the fiscal year 1999 State Health Plan, in the manner provided  
1129 in this paragraph (q). The total number of nursing facility beds  
1130 that may be authorized by any certificate of need authorized under  
1131 this paragraph (q) shall not exceed sixty (60) beds.

1132 (ii) Subject to the provisions of subparagraph  
1133 (v), during each of the next four (4) fiscal years, the department  
1134 shall issue six (6) certificates of need for new nursing facility  
1135 beds, as follows: During fiscal years 2000, 2001 and 2002, one  
1136 (1) certificate of need shall be issued for new nursing facility  
1137 beds in the county in each of the four (4) Long-Term Care Planning  
1138 Districts designated in the fiscal year 1999 State Health Plan  
1139 that has the highest need in the district for those beds; and two  
1140 (2) certificates of need shall be issued for new nursing facility  
1141 beds in the two (2) counties from the state at large that have the  
1142 highest need in the state for those beds, when considering the  
1143 need on a statewide basis and without regard to the Long-Term Care  
1144 Planning Districts in which the counties are located. During  
1145 fiscal year 2003, one (1) certificate of need shall be issued for  
1146 new nursing facility beds in any county having a need for fifty  
1147 (50) or more additional nursing facility beds, as shown in the  
1148 fiscal year 1999 State Health Plan, that has not received a  
1149 certificate of need under this paragraph (q) during the three (3)  
1150 previous fiscal years. During fiscal year 2000, in addition to  
1151 the six (6) certificates of need authorized in this subparagraph,  
1152 the department also shall issue a certificate of need for new

1153 nursing facility beds in Amite County and a certificate of need  
1154 for new nursing facility beds in Carroll County.

1155 (iii) Subject to the provisions of subparagraph  
1156 (v), the certificate of need issued under subparagraph (ii) for  
1157 nursing facility beds in each Long-Term Care Planning District  
1158 during each fiscal year shall first be available for nursing  
1159 facility beds in the county in the district having the highest  
1160 need for those beds, as shown in the fiscal year 1999 State Health  
1161 Plan. If there are no applications for a certificate of need for  
1162 nursing facility beds in the county having the highest need for  
1163 those beds by the date specified by the department, then the  
1164 certificate of need shall be available for nursing facility beds  
1165 in other counties in the district in descending order of the need  
1166 for those beds, from the county with the second highest need to  
1167 the county with the lowest need, until an application is received  
1168 for nursing facility beds in an eligible county in the district.

1169 (iv) Subject to the provisions of subparagraph  
1170 (v), the certificate of need issued under subparagraph (ii) for  
1171 nursing facility beds in the two (2) counties from the state at  
1172 large during each fiscal year shall first be available for nursing  
1173 facility beds in the two (2) counties that have the highest need  
1174 in the state for those beds, as shown in the fiscal year 1999  
1175 State Health Plan, when considering the need on a statewide basis  
1176 and without regard to the Long-Term Care Planning Districts in  
1177 which the counties are located. If there are no applications for  
1178 a certificate of need for nursing facility beds in either of the

1179 two (2) counties having the highest need for those beds on a  
1180 statewide basis by the date specified by the department, then the  
1181 certificate of need shall be available for nursing facility beds  
1182 in other counties from the state at large in descending order of  
1183 the need for those beds on a statewide basis, from the county with  
1184 the second highest need to the county with the lowest need, until  
1185 an application is received for nursing facility beds in an  
1186 eligible county from the state at large.

1187                   (v) If a certificate of need is authorized to be  
1188 issued under this paragraph (q) for nursing facility beds in a  
1189 county on the basis of the need in the Long-Term Care Planning  
1190 District during any fiscal year of the four-year period, a  
1191 certificate of need shall not also be available under this  
1192 paragraph (q) for additional nursing facility beds in that county  
1193 on the basis of the need in the state at large, and that county  
1194 shall be excluded in determining which counties have the highest  
1195 need for nursing facility beds in the state at large for that  
1196 fiscal year. After a certificate of need has been issued under  
1197 this paragraph (q) for nursing facility beds in a county during  
1198 any fiscal year of the four-year period, a certificate of need  
1199 shall not be available again under this paragraph (q) for  
1200 additional nursing facility beds in that county during the  
1201 four-year period, and that county shall be excluded in determining  
1202 which counties have the highest need for nursing facility beds in  
1203 succeeding fiscal years.

1204                   (vi) If more than one (1) application is made for  
1205 a certificate of need for nursing home facility beds available  
1206 under this paragraph (q), in Yalobusha, Newton or Tallahatchie  
1207 County, and one (1) of the applicants is a county-owned hospital  
1208 located in the county where the nursing facility beds are  
1209 available, the department shall give priority to the county-owned  
1210 hospital in granting the certificate of need if the following  
1211 conditions are met:

1212                   1. The county-owned hospital fully meets all  
1213 applicable criteria and standards required to obtain a certificate  
1214 of need for the nursing facility beds; and

1215                   2. The county-owned hospital's qualifications  
1216 for the certificate of need, as shown in its application and as  
1217 determined by the department, are at least equal to the  
1218 qualifications of the other applicants for the certificate of  
1219 need.

1220                   (r) (i) Beginning on July 1, 1999, the State  
1221 Department of Health shall issue certificates of need during each  
1222 of the next two (2) fiscal years for the construction or expansion  
1223 of nursing facility beds or the conversion of other beds to  
1224 nursing facility beds in each of the four (4) Long-Term Care  
1225 Planning Districts designated in the fiscal year 1999 State Health  
1226 Plan, to provide care exclusively to patients with Alzheimer's  
1227 disease.

1228                   (ii) Not more than twenty (20) beds may be  
1229 authorized by any certificate of need issued under this paragraph

1230 (r), and not more than a total of sixty (60) beds may be  
1231 authorized in any Long-Term Care Planning District by all  
1232 certificates of need issued under this paragraph (r). However,  
1233 the total number of beds that may be authorized by all  
1234 certificates of need issued under this paragraph (r) during any  
1235 fiscal year shall not exceed one hundred twenty (120) beds, and  
1236 the total number of beds that may be authorized in any Long-Term  
1237 Care Planning District during any fiscal year shall not exceed  
1238 forty (40) beds. Of the certificates of need that are issued for  
1239 each Long-Term Care Planning District during the next two (2)  
1240 fiscal years, at least one (1) shall be issued for beds in the  
1241 northern part of the district, at least one (1) shall be issued  
1242 for beds in the central part of the district, and at least one (1)  
1243 shall be issued for beds in the southern part of the district.

1244 (iii) The State Department of Health, in  
1245 consultation with the Department of Mental Health and the Division  
1246 of Medicaid, shall develop and prescribe the staffing levels,  
1247 space requirements and other standards and requirements that must  
1248 be met with regard to the nursing facility beds authorized under  
1249 this paragraph (r) to provide care exclusively to patients with  
1250 Alzheimer's disease.

1251 (s) The State Department of Health may issue a  
1252 certificate of need to a nonprofit skilled nursing facility using  
1253 the Green House model of skilled nursing care and located in Yazoo  
1254 City, Yazoo County, Mississippi, for the construction, expansion  
1255 or conversion of not more than nineteen (19) nursing facility



1256 beds. For purposes of this paragraph (s), the provisions of  
1257 Section 41-7-193(1) requiring substantial compliance with the  
1258 projection of need as reported in the current State Health Plan  
1259 and the provisions of Section 41-7-197 requiring a formal  
1260 certificate of need hearing process are waived. There shall be no  
1261 prohibition or restrictions on participation in the Medicaid  
1262 program for the person receiving the certificate of need  
1263 authorized under this paragraph (s).

1264 (t) The State Department of Health shall issue  
1265 certificates of need to the owner of a nursing facility in  
1266 operation at the time of Hurricane Katrina in Hancock County that  
1267 was not operational on December 31, 2005, because of damage  
1268 sustained from Hurricane Katrina to authorize the following: (i)  
1269 the construction of a new nursing facility in Harrison County;  
1270 (ii) the relocation of forty-nine (49) nursing facility beds from  
1271 the Hancock County facility to the new Harrison County facility;  
1272 (iii) the establishment of not more than twenty (20) non-Medicaid  
1273 nursing facility beds at the Hancock County facility; and (iv) the  
1274 establishment of not more than twenty (20) non-Medicaid beds at  
1275 the new Harrison County facility. The certificates of need that  
1276 authorize the non-Medicaid nursing facility beds under  
1277 subparagraphs (iii) and (iv) of this paragraph (t) shall be  
1278 subject to the following conditions: The owner of the Hancock  
1279 County facility and the new Harrison County facility must agree in  
1280 writing that no more than fifty (50) of the beds at the Hancock  
1281 County facility and no more than forty-nine (49) of the beds at

1282 the Harrison County facility will be certified for participation  
1283 in the Medicaid program, and that no claim will be submitted for  
1284 Medicaid reimbursement for more than fifty (50) patients in the  
1285 Hancock County facility in any month, or for more than forty-nine  
1286 (49) patients in the Harrison County facility in any month, or for  
1287 any patient in either facility who is in a bed that is not  
1288 Medicaid-certified. This written agreement by the owner of the  
1289 nursing facilities shall be a condition of the issuance of the  
1290 certificates of need under this paragraph (t), and the agreement  
1291 shall be fully binding on any later owner or owners of either  
1292 facility if the ownership of either facility is transferred at any  
1293 time after the certificates of need are issued. After this  
1294 written agreement is executed, the Division of Medicaid and the  
1295 State Department of Health shall not certify more than fifty (50)  
1296 of the beds at the Hancock County facility or more than forty-nine  
1297 (49) of the beds at the Harrison County facility for participation  
1298 in the Medicaid program. If the Hancock County facility violates  
1299 the terms of the written agreement by admitting or keeping in the  
1300 facility on a regular or continuing basis more than fifty (50)  
1301 patients who are participating in the Medicaid program, or if the  
1302 Harrison County facility violates the terms of the written  
1303 agreement by admitting or keeping in the facility on a regular or  
1304 continuing basis more than forty-nine (49) patients who are  
1305 participating in the Medicaid program, the State Department of  
1306 Health shall revoke the license of the facility that is in  
1307 violation of the agreement, at the time that the department

1308 determines, after a hearing complying with due process, that the  
1309 facility has violated the agreement.

1310           (u) The State Department of Health shall issue a  
1311 certificate of need to a nonprofit venture for the establishment,  
1312 construction and operation of a skilled nursing facility of not  
1313 more than sixty (60) beds to provide skilled nursing care for  
1314 ventilator dependent or otherwise medically dependent pediatric  
1315 patients who require medical and nursing care or rehabilitation  
1316 services to be located in a county in which an academic medical  
1317 center and a children's hospital are located, and for any  
1318 construction and for the acquisition of equipment related to those  
1319 beds. The facility shall be authorized to keep such ventilator  
1320 dependent or otherwise medically dependent pediatric patients  
1321 beyond age twenty-one (21) in accordance with regulations of the  
1322 State Board of Health. For purposes of this paragraph (u), the  
1323 provisions of Section 41-7-193(1) requiring substantial compliance  
1324 with the projection of need as reported in the current State  
1325 Health Plan are waived, and the provisions of Section 41-7-197  
1326 requiring a formal certificate of need hearing process are waived.  
1327 The beds authorized by this paragraph shall be counted as  
1328 pediatric skilled nursing facility beds for health planning  
1329 purposes under Section 41-7-171 et seq. There shall be no  
1330 prohibition of or restrictions on participation in the Medicaid  
1331 program for the person receiving the certificate of need  
1332 authorized by this paragraph.

1333           (3) The State Department of Health may grant approval for  
1334 and issue certificates of need to any person proposing the new  
1335 construction of, addition to, conversion of beds of or expansion  
1336 of any health care facility defined in subparagraph (x)  
1337 (psychiatric residential treatment facility) of Section  
1338 41-7-173(h). The total number of beds which may be authorized by  
1339 such certificates of need shall not exceed three hundred  
1340 thirty-four (334) beds for the entire state.

1341           (a) Of the total number of beds authorized under this  
1342 subsection, the department shall issue a certificate of need to a  
1343 privately owned psychiatric residential treatment facility in  
1344 Simpson County for the conversion of sixteen (16) intermediate  
1345 care facility for the mentally retarded (ICF-MR) beds to  
1346 psychiatric residential treatment facility beds, provided that  
1347 facility agrees in writing that the facility shall give priority  
1348 for the use of those sixteen (16) beds to Mississippi residents  
1349 who are presently being treated in out-of-state facilities.

1350           (b) Of the total number of beds authorized under this  
1351 subsection, the department may issue a certificate or certificates  
1352 of need for the construction or expansion of psychiatric  
1353 residential treatment facility beds or the conversion of other  
1354 beds to psychiatric residential treatment facility beds in Warren  
1355 County, not to exceed sixty (60) psychiatric residential treatment  
1356 facility beds, provided that the facility agrees in writing that  
1357 no more than thirty (30) of the beds at the psychiatric  
1358 residential treatment facility will be certified for participation

1359 in the Medicaid program (Section 43-13-101 et seq.) for the use of  
1360 any patients other than those who are participating only in the  
1361 Medicaid program of another state, and that no claim will be  
1362 submitted to the Division of Medicaid for Medicaid reimbursement  
1363 for more than thirty (30) patients in the psychiatric residential  
1364 treatment facility in any day or for any patient in the  
1365 psychiatric residential treatment facility who is in a bed that is  
1366 not Medicaid-certified. This written agreement by the recipient  
1367 of the certificate of need shall be a condition of the issuance of  
1368 the certificate of need under this paragraph, and the agreement  
1369 shall be fully binding on any subsequent owner of the psychiatric  
1370 residential treatment facility if the ownership of the facility is  
1371 transferred at any time after the issuance of the certificate of  
1372 need. After this written agreement is executed, the Division of  
1373 Medicaid and the State Department of Health shall not certify more  
1374 than thirty (30) of the beds in the psychiatric residential  
1375 treatment facility for participation in the Medicaid program for  
1376 the use of any patients other than those who are participating  
1377 only in the Medicaid program of another state. If the psychiatric  
1378 residential treatment facility violates the terms of the written  
1379 agreement by admitting or keeping in the facility on a regular or  
1380 continuing basis more than thirty (30) patients who are  
1381 participating in the Mississippi Medicaid program, the State  
1382 Department of Health shall revoke the license of the facility, at  
1383 the time that the department determines, after a hearing complying  
1384 with due process, that the facility has violated the condition

1385 upon which the certificate of need was issued, as provided in this  
1386 paragraph and in the written agreement.

1387         The State Department of Health, on or before July 1, 2002,  
1388 shall transfer the certificate of need authorized under the  
1389 authority of this paragraph (b), or reissue the certificate of  
1390 need if it has expired, to River Region Health System.

1391         (c) Of the total number of beds authorized under this  
1392 subsection, the department shall issue a certificate of need to a  
1393 hospital currently operating Medicaid-certified acute psychiatric  
1394 beds for adolescents in DeSoto County, for the establishment of a  
1395 forty-bed psychiatric residential treatment facility in DeSoto  
1396 County, provided that the hospital agrees in writing (i) that the  
1397 hospital shall give priority for the use of those forty (40) beds  
1398 to Mississippi residents who are presently being treated in  
1399 out-of-state facilities, and (ii) that no more than fifteen (15)  
1400 of the beds at the psychiatric residential treatment facility will  
1401 be certified for participation in the Medicaid program (Section  
1402 43-13-101 et seq.), and that no claim will be submitted for  
1403 Medicaid reimbursement for more than fifteen (15) patients in the  
1404 psychiatric residential treatment facility in any day or for any  
1405 patient in the psychiatric residential treatment facility who is  
1406 in a bed that is not Medicaid-certified. This written agreement  
1407 by the recipient of the certificate of need shall be a condition  
1408 of the issuance of the certificate of need under this paragraph,  
1409 and the agreement shall be fully binding on any subsequent owner  
1410 of the psychiatric residential treatment facility if the ownership

1411 of the facility is transferred at any time after the issuance of  
1412 the certificate of need. After this written agreement is  
1413 executed, the Division of Medicaid and the State Department of  
1414 Health shall not certify more than fifteen (15) of the beds in the  
1415 psychiatric residential treatment facility for participation in  
1416 the Medicaid program. If the psychiatric residential treatment  
1417 facility violates the terms of the written agreement by admitting  
1418 or keeping in the facility on a regular or continuing basis more  
1419 than fifteen (15) patients who are participating in the Medicaid  
1420 program, the State Department of Health shall revoke the license  
1421 of the facility, at the time that the department determines, after  
1422 a hearing complying with due process, that the facility has  
1423 violated the condition upon which the certificate of need was  
1424 issued, as provided in this paragraph and in the written  
1425 agreement.

1426 (d) Of the total number of beds authorized under this  
1427 subsection, the department may issue a certificate or certificates  
1428 of need for the construction or expansion of psychiatric  
1429 residential treatment facility beds or the conversion of other  
1430 beds to psychiatric treatment facility beds, not to exceed thirty  
1431 (30) psychiatric residential treatment facility beds, in either  
1432 Alcorn, Tishomingo, Prentiss, Lee, Itawamba, Monroe, Chickasaw,  
1433 Pontotoc, Calhoun, Lafayette, Union, Benton or Tippah County.

1434 (e) Of the total number of beds authorized under this  
1435 subsection (3) the department shall issue a certificate of need to  
1436 a privately owned, nonprofit psychiatric residential treatment

1437 facility in Hinds County for an eight-bed expansion of the  
1438 facility, provided that the facility agrees in writing that the  
1439 facility shall give priority for the use of those eight (8) beds  
1440 to Mississippi residents who are presently being treated in  
1441 out-of-state facilities.

1442 (f) The department shall issue a certificate of need to  
1443 a one-hundred-thirty-four-bed specialty hospital located on  
1444 twenty-nine and forty-four one-hundredths (29.44) commercial acres  
1445 at 5900 Highway 39 North in Meridian (Lauderdale County),  
1446 Mississippi, for the addition, construction or expansion of  
1447 child/adolescent psychiatric residential treatment facility beds  
1448 in Lauderdale County. As a condition of issuance of the  
1449 certificate of need under this paragraph, the facility shall give  
1450 priority in admissions to the child/adolescent psychiatric  
1451 residential treatment facility beds authorized under this  
1452 paragraph to patients who otherwise would require out-of-state  
1453 placement. The Division of Medicaid, in conjunction with the  
1454 Department of Human Services, shall furnish the facility a list of  
1455 all out-of-state patients on a quarterly basis. Furthermore,  
1456 notice shall also be provided to the parent, custodial parent or  
1457 guardian of each out-of-state patient notifying them of the  
1458 priority status granted by this paragraph. For purposes of this  
1459 paragraph, the provisions of Section 41-7-193(1) requiring  
1460 substantial compliance with the projection of need as reported in  
1461 the current State Health Plan are waived. The total number of  
1462 child/adolescent psychiatric residential treatment facility beds



1463 that may be authorized under the authority of this paragraph shall  
1464 be sixty (60) beds. There shall be no prohibition or restrictions  
1465 on participation in the Medicaid program (Section 43-13-101 et  
1466 seq.) for the person receiving the certificate of need authorized  
1467 under this paragraph or for the beds converted pursuant to the  
1468 authority of that certificate of need.

1469 (4) (a) From and after July 1, 1993, the department shall  
1470 not issue a certificate of need to any person for the new  
1471 construction of any hospital, psychiatric hospital or chemical  
1472 dependency hospital that will contain any child/adolescent  
1473 psychiatric or child/adolescent chemical dependency beds, or for  
1474 the conversion of any other health care facility to a hospital,  
1475 psychiatric hospital or chemical dependency hospital that will  
1476 contain any child/adolescent psychiatric or child/adolescent  
1477 chemical dependency beds, or for the addition of any  
1478 child/adolescent psychiatric or child/adolescent chemical  
1479 dependency beds in any hospital, psychiatric hospital or chemical  
1480 dependency hospital, or for the conversion of any beds of another  
1481 category in any hospital, psychiatric hospital or chemical  
1482 dependency hospital to child/adolescent psychiatric or  
1483 child/adolescent chemical dependency beds, except as hereinafter  
1484 authorized:

1485 (i) The department may issue certificates of need  
1486 to any person for any purpose described in this subsection,  
1487 provided that the hospital, psychiatric hospital or chemical  
1488 dependency hospital does not participate in the Medicaid program

1489 (Section 43-13-101 et seq.) at the time of the application for the  
1490 certificate of need and the owner of the hospital, psychiatric  
1491 hospital or chemical dependency hospital agrees in writing that  
1492 the hospital, psychiatric hospital or chemical dependency hospital  
1493 will not at any time participate in the Medicaid program or admit  
1494 or keep any patients who are participating in the Medicaid program  
1495 in the hospital, psychiatric hospital or chemical dependency  
1496 hospital. This written agreement by the recipient of the  
1497 certificate of need shall be fully binding on any subsequent owner  
1498 of the hospital, psychiatric hospital or chemical dependency  
1499 hospital, if the ownership of the facility is transferred at any  
1500 time after the issuance of the certificate of need. Agreement  
1501 that the hospital, psychiatric hospital or chemical dependency  
1502 hospital will not participate in the Medicaid program shall be a  
1503 condition of the issuance of a certificate of need to any person  
1504 under this subparagraph (i), and if such hospital, psychiatric  
1505 hospital or chemical dependency hospital at any time after the  
1506 issuance of the certificate of need, regardless of the ownership  
1507 of the facility, participates in the Medicaid program or admits or  
1508 keeps any patients in the hospital, psychiatric hospital or  
1509 chemical dependency hospital who are participating in the Medicaid  
1510 program, the State Department of Health shall revoke the  
1511 certificate of need, if it is still outstanding, and shall deny or  
1512 revoke the license of the hospital, psychiatric hospital or  
1513 chemical dependency hospital, at the time that the department  
1514 determines, after a hearing complying with due process, that the

1515 hospital, psychiatric hospital or chemical dependency hospital has  
1516 failed to comply with any of the conditions upon which the  
1517 certificate of need was issued, as provided in this subparagraph  
1518 (i) and in the written agreement by the recipient of the  
1519 certificate of need.

1520                   (ii) The department may issue a certificate of  
1521 need for the conversion of existing beds in a county hospital in  
1522 Choctaw County from acute care beds to child/adolescent chemical  
1523 dependency beds. For purposes of this subparagraph (ii), the  
1524 provisions of Section 41-7-193(1) requiring substantial compliance  
1525 with the projection of need as reported in the current State  
1526 Health Plan are waived. The total number of beds that may be  
1527 authorized under authority of this subparagraph shall not exceed  
1528 twenty (20) beds. There shall be no prohibition or restrictions  
1529 on participation in the Medicaid program (Section 43-13-101 et  
1530 seq.) for the hospital receiving the certificate of need  
1531 authorized under this subparagraph or for the beds converted  
1532 pursuant to the authority of that certificate of need.

1533                   (iii) The department may issue a certificate or  
1534 certificates of need for the construction or expansion of  
1535 child/adolescent psychiatric beds or the conversion of other beds  
1536 to child/adolescent psychiatric beds in Warren County. For  
1537 purposes of this subparagraph (iii), the provisions of Section  
1538 41-7-193(1) requiring substantial compliance with the projection  
1539 of need as reported in the current State Health Plan are waived.  
1540 The total number of beds that may be authorized under the

1541 authority of this subparagraph shall not exceed twenty (20) beds.  
1542 There shall be no prohibition or restrictions on participation in  
1543 the Medicaid program (Section 43-13-101 et seq.) for the person  
1544 receiving the certificate of need authorized under this  
1545 subparagraph or for the beds converted pursuant to the authority  
1546 of that certificate of need.

1547         If by January 1, 2002, there has been no significant  
1548 commencement of construction of the beds authorized under this  
1549 subparagraph (iii), or no significant action taken to convert  
1550 existing beds to the beds authorized under this subparagraph, then  
1551 the certificate of need that was previously issued under this  
1552 subparagraph shall expire. If the previously issued certificate  
1553 of need expires, the department may accept applications for  
1554 issuance of another certificate of need for the beds authorized  
1555 under this subparagraph, and may issue a certificate of need to  
1556 authorize the construction, expansion or conversion of the beds  
1557 authorized under this subparagraph.

1558                 (iv) The department shall issue a certificate of  
1559 need to the Region 7 Mental Health/Retardation Commission for the  
1560 construction or expansion of child/adolescent psychiatric beds or  
1561 the conversion of other beds to child/adolescent psychiatric beds  
1562 in any of the counties served by the commission. For purposes of  
1563 this subparagraph (iv), the provisions of Section 41-7-193(1)  
1564 requiring substantial compliance with the projection of need as  
1565 reported in the current State Health Plan are waived. The total  
1566 number of beds that may be authorized under the authority of this

1567 subparagraph shall not exceed twenty (20) beds. There shall be no  
1568 prohibition or restrictions on participation in the Medicaid  
1569 program (Section 43-13-101 et seq.) for the person receiving the  
1570 certificate of need authorized under this subparagraph or for the  
1571 beds converted pursuant to the authority of that certificate of  
1572 need.

1573                   (v) The department may issue a certificate of need  
1574 to any county hospital located in Leflore County for the  
1575 construction or expansion of adult psychiatric beds or the  
1576 conversion of other beds to adult psychiatric beds, not to exceed  
1577 twenty (20) beds, provided that the recipient of the certificate  
1578 of need agrees in writing that the adult psychiatric beds will not  
1579 at any time be certified for participation in the Medicaid program  
1580 and that the hospital will not admit or keep any patients who are  
1581 participating in the Medicaid program in any of such adult  
1582 psychiatric beds. This written agreement by the recipient of the  
1583 certificate of need shall be fully binding on any subsequent owner  
1584 of the hospital if the ownership of the hospital is transferred at  
1585 any time after the issuance of the certificate of need. Agreement  
1586 that the adult psychiatric beds will not be certified for  
1587 participation in the Medicaid program shall be a condition of the  
1588 issuance of a certificate of need to any person under this  
1589 subparagraph (v), and if such hospital at any time after the  
1590 issuance of the certificate of need, regardless of the ownership  
1591 of the hospital, has any of such adult psychiatric beds certified  
1592 for participation in the Medicaid program or admits or keeps any

1593 Medicaid patients in such adult psychiatric beds, the State  
1594 Department of Health shall revoke the certificate of need, if it  
1595 is still outstanding, and shall deny or revoke the license of the  
1596 hospital at the time that the department determines, after a  
1597 hearing complying with due process, that the hospital has failed  
1598 to comply with any of the conditions upon which the certificate of  
1599 need was issued, as provided in this subparagraph and in the  
1600 written agreement by the recipient of the certificate of need.

1601                   (vi) The department may issue a certificate or  
1602 certificates of need for the expansion of child psychiatric beds  
1603 or the conversion of other beds to child psychiatric beds at the  
1604 University of Mississippi Medical Center. For purposes of this  
1605 subparagraph (vi), the provisions of Section 41-7-193(1) requiring  
1606 substantial compliance with the projection of need as reported in  
1607 the current State Health Plan are waived. The total number of  
1608 beds that may be authorized under the authority of this  
1609 subparagraph shall not exceed fifteen (15) beds. There shall be  
1610 no prohibition or restrictions on participation in the Medicaid  
1611 program (Section 43-13-101 et seq.) for the hospital receiving the  
1612 certificate of need authorized under this subparagraph or for the  
1613 beds converted pursuant to the authority of that certificate of  
1614 need.

1615                   (b) From and after July 1, 1990, no hospital,  
1616 psychiatric hospital or chemical dependency hospital shall be  
1617 authorized to add any child/adolescent psychiatric or  
1618 child/adolescent chemical dependency beds or convert any beds of

1619 another category to child/adolescent psychiatric or  
1620 child/adolescent chemical dependency beds without a certificate of  
1621 need under the authority of subsection (1)(c) of this section.

1622 (5) The department may issue a certificate of need to a  
1623 county hospital in Winston County for the conversion of fifteen  
1624 (15) acute care beds to geriatric psychiatric care beds.

1625 (6) The State Department of Health shall issue a certificate  
1626 of need to a Mississippi corporation qualified to manage a  
1627 long-term care hospital as defined in Section 41-7-173(h)(xii) in  
1628 Harrison County, not to exceed eighty (80) beds, including any  
1629 necessary renovation or construction required for licensure and  
1630 certification, provided that the recipient of the certificate of  
1631 need agrees in writing that the long-term care hospital will not  
1632 at any time participate in the Medicaid program (Section 43-13-101  
1633 et seq.) or admit or keep any patients in the long-term care  
1634 hospital who are participating in the Medicaid program. This  
1635 written agreement by the recipient of the certificate of need  
1636 shall be fully binding on any subsequent owner of the long-term  
1637 care hospital, if the ownership of the facility is transferred at  
1638 any time after the issuance of the certificate of need. Agreement  
1639 that the long-term care hospital will not participate in the  
1640 Medicaid program shall be a condition of the issuance of a  
1641 certificate of need to any person under this subsection (6), and  
1642 if such long-term care hospital at any time after the issuance of  
1643 the certificate of need, regardless of the ownership of the  
1644 facility, participates in the Medicaid program or admits or keeps

1645 any patients in the facility who are participating in the Medicaid  
1646 program, the State Department of Health shall revoke the  
1647 certificate of need, if it is still outstanding, and shall deny or  
1648 revoke the license of the long-term care hospital, at the time  
1649 that the department determines, after a hearing complying with due  
1650 process, that the facility has failed to comply with any of the  
1651 conditions upon which the certificate of need was issued, as  
1652 provided in this subsection and in the written agreement by the  
1653 recipient of the certificate of need. For purposes of this  
1654 subsection, the provisions of Section 41-7-193(1) requiring  
1655 substantial compliance with the projection of need as reported in  
1656 the current State Health Plan are waived.

1657 (7) The State Department of Health may issue a certificate  
1658 of need to any hospital in the state to utilize a portion of its  
1659 beds for the "swing-bed" concept. Any such hospital must be in  
1660 conformance with the federal regulations regarding such swing-bed  
1661 concept at the time it submits its application for a certificate  
1662 of need to the State Department of Health, except that such  
1663 hospital may have more licensed beds or a higher average daily  
1664 census (ADC) than the maximum number specified in federal  
1665 regulations for participation in the swing-bed program. Any  
1666 hospital meeting all federal requirements for participation in the  
1667 swing-bed program which receives such certificate of need shall  
1668 render services provided under the swing-bed concept to any  
1669 patient eligible for Medicare (Title XVIII of the Social Security  
1670 Act) who is certified by a physician to be in need of such



1671 services, and no such hospital shall permit any patient who is  
1672 eligible for both Medicaid and Medicare or eligible only for  
1673 Medicaid to stay in the swing beds of the hospital for more than  
1674 thirty (30) days per admission unless the hospital receives prior  
1675 approval for such patient from the Division of Medicaid, Office of  
1676 the Governor. Any hospital having more licensed beds or a higher  
1677 average daily census (ADC) than the maximum number specified in  
1678 federal regulations for participation in the swing-bed program  
1679 which receives such certificate of need shall develop a procedure  
1680 to insure that before a patient is allowed to stay in the swing  
1681 beds of the hospital, there are no vacant nursing home beds  
1682 available for that patient located within a fifty-mile radius of  
1683 the hospital. When any such hospital has a patient staying in the  
1684 swing beds of the hospital and the hospital receives notice from a  
1685 nursing home located within such radius that there is a vacant bed  
1686 available for that patient, the hospital shall transfer the  
1687 patient to the nursing home within a reasonable time after receipt  
1688 of the notice. Any hospital which is subject to the requirements  
1689 of the two (2) preceding sentences of this subsection may be  
1690 suspended from participation in the swing-bed program for a  
1691 reasonable period of time by the State Department of Health if the  
1692 department, after a hearing complying with due process, determines  
1693 that the hospital has failed to comply with any of those  
1694 requirements.

1695 (8) The Department of Health shall not grant approval for or  
1696 issue a certificate of need to any person proposing the new

1697 construction of, addition to or expansion of a health care  
1698 facility as defined in subparagraph (viii) of Section 41-7-173(h),  
1699 except as hereinafter provided: The department may issue a  
1700 certificate of need to a nonprofit corporation located in Madison  
1701 County, Mississippi, for the construction, expansion or conversion  
1702 of not more than twenty (20) beds in a community living program  
1703 for developmentally disabled adults in a facility as defined in  
1704 subparagraph (viii) of Section 41-7-173(h). For purposes of this  
1705 subsection (8), the provisions of Section 41-7-193(1) requiring  
1706 substantial compliance with the projection of need as reported in  
1707 the current State Health Plan and the provisions of Section  
1708 41-7-197 requiring a formal certificate of need hearing process  
1709 are waived. There shall be no prohibition or restrictions on  
1710 participation in the Medicaid program for the person receiving the  
1711 certificate of need authorized under this subsection (8).

1712 (9) The Department of Health shall not grant approval for or  
1713 issue a certificate of need to any person proposing the  
1714 establishment of, or expansion of the currently approved territory  
1715 of, or the contracting to establish a home office, subunit or  
1716 branch office within the space operated as a health care facility  
1717 as defined in Section 41-7-173(h) (i) through (viii) by a health  
1718 care facility as defined in subparagraph (ix) of Section  
1719 41-7-173(h).

1720 (10) Health care facilities owned and/or operated by the  
1721 state or its agencies are exempt from the restraints in this  
1722 section against issuance of a certificate of need if such addition

1723 or expansion consists of repairing or renovation necessary to  
1724 comply with the state licensure law. This exception shall not  
1725 apply to the new construction of any building by such state  
1726 facility. This exception shall not apply to any health care  
1727 facilities owned and/or operated by counties, municipalities,  
1728 districts, unincorporated areas, other defined persons, or any  
1729 combination thereof.

1730 (11) The new construction, renovation or expansion of or  
1731 addition to any health care facility defined in subparagraph (ii)  
1732 (psychiatric hospital), subparagraph (iv) (skilled nursing  
1733 facility), subparagraph (vi) (intermediate care facility),  
1734 subparagraph (viii) (intermediate care facility for the mentally  
1735 retarded) and subparagraph (x) (psychiatric residential treatment  
1736 facility) of Section 41-7-173(h) which is owned by the State of  
1737 Mississippi and under the direction and control of the State  
1738 Department of Mental Health, and the addition of new beds or the  
1739 conversion of beds from one category to another in any such  
1740 defined health care facility which is owned by the State of  
1741 Mississippi and under the direction and control of the State  
1742 Department of Mental Health, shall not require the issuance of a  
1743 certificate of need under Section 41-7-171 et seq.,  
1744 notwithstanding any provision in Section 41-7-171 et seq. to the  
1745 contrary.

1746 (12) The new construction, renovation or expansion of or  
1747 addition to any veterans homes or domiciliaries for eligible  
1748 veterans of the State of Mississippi as authorized under Section

1749 35-1-19 shall not require the issuance of a certificate of need,  
1750 notwithstanding any provision in Section 41-7-171 et seq. to the  
1751 contrary.

1752 (13) The repair or the rebuilding of an existing, operating  
1753 health care facility that sustained significant damage from a  
1754 natural disaster that occurred after April 15, 2014, in an area  
1755 that is proclaimed a disaster area or subject to a state of  
1756 emergency by the Governor or by the President of the United States  
1757 shall be exempt from all of the requirements of the Mississippi  
1758 Certificate of Need Law (Section 41-7-171 et seq.) and any and all  
1759 rules and regulations promulgated under that law, subject to the  
1760 following conditions:

1761 (a) The repair or the rebuilding of any such damaged  
1762 health care facility must be within one (1) mile of the  
1763 pre-disaster location of the campus of the damaged health care  
1764 facility, except that any temporary post-disaster health care  
1765 facility operating location may be within five (5) miles of the  
1766 pre-disaster location of the damaged health care facility;

1767 (b) The repair or the rebuilding of the damaged health  
1768 care facility (i) does not increase or change the complement of  
1769 its bed capacity that it had before the Governor's or the  
1770 President's proclamation, (ii) does not increase or change its  
1771 levels and types of health care services that it provided before  
1772 the Governor's or the President's proclamation, and (iii) does not  
1773 rebuild in a different county; however, this paragraph does not  
1774 restrict or prevent a health care facility from decreasing its bed

1775 capacity that it had before the Governor's or the President's  
1776 proclamation, or from decreasing the levels of or decreasing or  
1777 eliminating the types of health care services that it provided  
1778 before the Governor's or the President's proclamation, when the  
1779 damaged health care facility is repaired or rebuilt;

1780 (c) The exemption from Certificate of Need Law provided  
1781 under this subsection (13) is valid for only five (5) years from  
1782 the date of the Governor's or the President's proclamation. If  
1783 actual construction has not begun within that five-year period,  
1784 the exemption provided under this subsection is inapplicable; and

1785 (d) The Division of Health Facilities Licensure and  
1786 Certification of the State Department of Health shall provide the  
1787 same oversight for the repair or the rebuilding of the damaged  
1788 health care facility that it provides to all health care facility  
1789 construction projects in the state.

1790 For the purposes of this subsection (13), "significant  
1791 damage" to a health care facility means damage to the health care  
1792 facility requiring an expenditure of at least One Million Dollars  
1793 (\$1,000,000.00).

1794 (14) The State Department of Health shall issue a  
1795 certificate of need to any hospital which is currently licensed  
1796 for two hundred fifty (250) or more acute care beds and is located  
1797 in any general hospital service area not having a comprehensive  
1798 cancer center, for the establishment and equipping of such a  
1799 center which provides facilities and services for outpatient  
1800 radiation oncology therapy, outpatient medical oncology therapy,

1801 and appropriate support services including the provision of  
1802 radiation therapy services. The provisions of Section 41-7-193(1)  
1803 regarding substantial compliance with the projection of need as  
1804 reported in the current State Health Plan are waived for the  
1805 purpose of this subsection.

1806 (15) The State Department of Health may authorize the  
1807 transfer of hospital beds, not to exceed sixty (60) beds, from the  
1808 North Panola Community Hospital to the South Panola Community  
1809 Hospital. The authorization for the transfer of those beds shall  
1810 be exempt from the certificate of need review process.

1811 (16) The State Department of Health shall issue any  
1812 certificates of need necessary for Mississippi State University  
1813 and a public or private health care provider to jointly acquire  
1814 and operate a linear accelerator and a magnetic resonance imaging  
1815 unit. Those certificates of need shall cover all capital  
1816 expenditures related to the project between Mississippi State  
1817 University and the health care provider, including, but not  
1818 limited to, the acquisition of the linear accelerator, the  
1819 magnetic resonance imaging unit and other radiological modalities;  
1820 the offering of linear accelerator and magnetic resonance imaging  
1821 services; and the cost of construction of facilities in which to  
1822 locate these services. The linear accelerator and the magnetic  
1823 resonance imaging unit shall be (a) located in the City of  
1824 Starkville, Oktibbeha County, Mississippi; (b) operated jointly by  
1825 Mississippi State University and the public or private health care  
1826 provider selected by Mississippi State University through a

1827 request for proposals (RFP) process in which Mississippi State  
1828 University selects, and the Board of Trustees of State  
1829 Institutions of Higher Learning approves, the health care provider  
1830 that makes the best overall proposal; (c) available to Mississippi  
1831 State University for research purposes two-thirds (2/3) of the  
1832 time that the linear accelerator and magnetic resonance imaging  
1833 unit are operational; and (d) available to the public or private  
1834 health care provider selected by Mississippi State University and  
1835 approved by the Board of Trustees of State Institutions of Higher  
1836 Learning one-third (1/3) of the time for clinical, diagnostic and  
1837 treatment purposes. For purposes of this subsection, the  
1838 provisions of Section 41-7-193(1) requiring substantial compliance  
1839 with the projection of need as reported in the current State  
1840 Health Plan are waived.

1841 (17) The State Department of Health shall issue a  
1842 certificate of need for the construction of an acute care hospital  
1843 in Kemper County, not to exceed twenty-five (25) beds, which shall  
1844 be named the "John C. Stennis Memorial Hospital." In issuing the  
1845 certificate of need under this subsection, the department shall  
1846 give priority to a hospital located in Lauderdale County that has  
1847 two hundred fifteen (215) beds. For purposes of this subsection,  
1848 the provisions of Section 41-7-193(1) requiring substantial  
1849 compliance with the projection of need as reported in the current  
1850 State Health Plan and the provisions of Section 41-7-197 requiring  
1851 a formal certificate of need hearing process are waived. There  
1852 shall be no prohibition or restrictions on participation in the

1853 Medicaid program (Section 43-13-101 et seq.) for the person or  
1854 entity receiving the certificate of need authorized under this  
1855 subsection or for the beds constructed under the authority of that  
1856 certificate of need.

1857 (18) The planning, design, construction, renovation,  
1858 addition, furnishing and equipping of a clinical research unit at  
1859 any health care facility defined in Section 41-7-173(h) that is  
1860 under the direction and control of the University of Mississippi  
1861 Medical Center and located in Jackson, Mississippi, and the  
1862 addition of new beds or the conversion of beds from one (1)  
1863 category to another in any such clinical research unit, shall not  
1864 require the issuance of a certificate of need under Section  
1865 41-7-171 et seq., notwithstanding any provision in Section  
1866 41-7-171 et seq. to the contrary.

1867 (19) [Repealed]

1868 (20) Nothing in this section or in any other provision of  
1869 Section 41-7-171 et seq. shall prevent any nursing facility from  
1870 designating an appropriate number of existing beds in the facility  
1871 as beds for providing care exclusively to patients with  
1872 Alzheimer's disease.

1873 (21) Nothing in this section or any other provision of  
1874 Section 41-7-171 et seq. shall prevent any health care facility  
1875 from the new construction, renovation, conversion or expansion of  
1876 new beds in the facility designated as intensive care units,  
1877 negative pressure rooms, or isolation rooms pursuant to the  
1878 provisions of Sections 41-14-1 through 41-14-11. For purposes of



1879 this subsection, the provisions of Section 41-7-193(1) requiring  
1880 substantial compliance with the projection of need as reported in  
1881 the current State Health Plan and the provisions of Section  
1882 41-7-197 requiring a formal certificate of need hearing process  
1883 are waived.

1884 (22) The Department of Health may issue a certificate of  
1885 need for the construction or conversion and operation of a Special  
1886 Care Facility for Paroled Inmates which is licensed by the State  
1887 Department of Health and is under contract with the Mississippi  
1888 Department of Corrections and the State Parole Board to provide  
1889 services for medically frail inmates which are placed in such  
1890 facility pursuant to the specific authority and conditions of this  
1891 act.

1892 **SECTION 9.** This act shall take effect and be in force from  
1893 and after July 1, 2021, and shall stand repealed on June 30, 2021.

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

1 AN ACT TO AUTHORIZE THE DEPARTMENT OF CORRECTIONS TO PROVIDE  
2 FOR HOSPICE CARE SERVICES FOR INMATES WHO ARE CONFINED IN  
3 FACILITIES UNDER THE JURISDICTION OF THE DEPARTMENT AND WHO ARE  
4 TERMINALLY ILL; TO AUTHORIZE THE DEPARTMENT TO HAVE THOSE HOSPICE  
5 CARE SERVICES PROVIDED BY PROPERLY QUALIFIED EMPLOYEES OF THE  
6 DEPARTMENT OR TO CONTRACT FOR THE PROVIDING OF THE HOSPICE CARE  
7 SERVICES; TO PROVIDE THAT IF THE DEPARTMENT PROVIDES THE HOSPICE  
8 CARE SERVICES WITH DEPARTMENT EMPLOYEES, THE DEPARTMENT IS NOT  
9 REQUIRED TO HAVE A LICENSE UNDER THE MISSISSIPPI HOSPICE LAW; TO  
10 AMEND SECTION 41-85-5, MISSISSIPPI CODE OF 1972, TO CONFORM TO THE  
11 PRECEDING PROVISIONS; TO AMEND SECTIONS 43-11-1 AND 43-11-13,  
12 MISSISSIPPI CODE OF 1972, TO DEFINE THE TERM "SPECIAL CARE  
13 FACILITY FOR PAROLED INMATES" AND PRESCRIBE CONDITIONS FOR  
14 LICENSURE BY THE STATE DEPARTMENT OF HEALTH; TO AMEND SECTIONS  
15 47-5-28 AND 47-7-4, MISSISSIPPI CODE OF 1972, TO AUTHORIZE THE  
16 MISSISSIPPI DEPARTMENT OF CORRECTIONS TO ESTABLISH A PROGRAM TO

17 GRANT MEDICAL PAROLE TO SUCH SPECIAL CARE FACILITY FOR MEDICALLY  
18 FRAIL INMATES AND TO ESTABLISH ELIGIBILITY REQUIREMENTS FOR SUCH  
19 PAROLE; TO CODIFY SECTION 43-13-117.6, MISSISSIPPI CODE OF 1972,  
20 TO AUTHORIZE AND DIRECT THE DIVISION OF MEDICAID TO APPLY FOR  
21 NECESSARY WAIVERS FOR MEDICAID REIMBURSEMENT FOR SERVICES  
22 PROVIDED AT SUCH SPECIAL CARE FACILITY FOR PAROLED INMATES; TO  
23 AMEND SECTION 41-7-191, MISSISSIPPI CODE OF 1972, TO AUTHORIZE THE  
24 STATE DEPARTMENT OF HEALTH TO ISSUE A HEALTH CARE CERTIFICATE OF  
25 NEED FOR THE CONSTRUCTION, CONVERSION AND OPERATION OF A SPECIAL  
26 CARE FACILITY FOR PAROLED INMATES; AND FOR RELATED PURPOSES.

SS08\HB1174A.J

Eugene S. Clarke  
Secretary of the Senate