

Chapter 08 Long-Term Care

Mississippi's long-term care patients (nursing home and home health) are primarily disabled elderly people, who make up 20 percent of the 2010 estimated population above age 65. Projections place the number of people in this age group at approximately 441,945 by 2010, with more than 88,000 disabled in at least one essential activity of daily living.

The risk of becoming frail, disabled, and dependent rises dramatically with age. For many years, authorities believed that because people were living longer, the population was healthier. Medical evidence suggests that this assumption is invalid, that in fact, longer life accompanies increases in the prevalence of chronic illness and disability. Public health activities have been successful in increasing healthful living conditions, increasing the average length of life. But people are often living longer with, and in spite of, some very disabling chronic conditions, which the present medical system can "manage" but not cure. So while the lives of many people have been prolonged through advances in medicine and public health, the quality of an older person's life often suffers. Aged individuals may become dependent on medical technology and professional care providers for years — not just weeks or months.

These trends pose tremendous challenges for society. Issues include ensuring an adequate supply of trained caregivers, protecting vulnerable groups, and financing expensive long-term care programs with limited resources. In many cases, the greatest needs of elderly people are not medical, but rather a need for help with the basic activities of daily living, such as bathing and dressing. Many have difficulty with activities that require walking — for example, shopping; yet with proper help, many people with disabilities are able to remain at home.

The U.S. Census' *Profile of Selected Social Characteristics: 2000* estimates that of the 316,049 Mississippians aged 65 and over in 2000, 166,819 (52.78 percent) suffered from some form of disability. Drastic increases occur with advancing age in the number of people reporting difficulties and in the number reporting more than one problem and the severity of problems is likely to worsen as the years pass.

100 Options for Long-Term Care

The phrase "long-term care," usually brings nursing home care to mind. In reality, most people receive long-term care at home or in the homes of family members. Only 5.9 percent of Mississippi's total population over age 65 lived in a nursing home during calendar year 2005. "Long-term care" simply means assistance provided to a person who has chronic conditions that reduce their ability to function independently. Many people with severe limitations in their ability to care for themselves are able to remain at home or in supportive housing because they have sufficient assistance from family, friends, or community services.

Community services play a vital role in helping the elderly maintain some degree of independence and postpone or avoid institutionalization. Examples of these community services include adult day care, senior centers, transportation, meals on wheels or meals at community locations, and home health services. The Older Americans Act, the Federal Social Services Block Grant, and state funds finance many of these services. The Mississippi Department of Human Services Division of Aging and Adult Services and the state's ten Area Agencies on Aging coordinate the funds and help people aged 60 and older to obtain services. These agencies work with state and local governments, foundations, and private sector businesses to expand funding at the local level and provide as many services as possible to elderly residents. Tables VIII-1 and VIII-2 show the nature and volume of such services throughout the state.

Table VIII-1
Division of Aging and Adult Services
In-Home and Community Based Services
FY 2005

Area Agency on Aging	In-Home Services		Community Services		Congregate and Home Delivered Meals	
	Clients Served	Units Served	Clients Served	Units Served	Clients Served	Units Served
Central	497	30,361	2,272	90,458	2,862	471,931
East Central	366	28,763	545	35,916	920	262,591
Golden Triangle	936	81,106	618	47,783	1,763	411,763
North Central	244	10,665	4,612	7,636	1,271	272,657
North Delta	1,372	51,827	516	43,802	1,973	314,680
Northeast	1,572	150,079	3,543	31,956	1,405	124,913
South Delta	1,914	142,766	457	26,620	1,267	309,271
Southern	884	37,284	1,020	81,186	11,800	354,215
Southwest	1,095	40,690	747	37,109	1,865	245,980
Three Rivers	639	52,796	7,838	54,251	2,232	297,600
Total	9,519	626,337	22,168	456,717	27,358	3,065,601

In-Home Services include: Case Management, Homemaker, Visitation/Telephone Reassurance, Residential Repair, Emergency Response, Respite Care, and Special Needs

Community Services include: Transportation, Outreach, Adult Day Care, Information and Referral, Ombudsman, Senior Center Activities, Legal, and Senior Discount

Table VIII-2
Community Based Services Client Demographic Mix
FY 2005

Area Agency on Aging	Minority Served	Frail Disabled Served	Rural Served	Below Poverty Served	Below Poverty Minority	Socially Needy Served	Unduplicated Clients Served
Central	2,906	3,065	2,851	2,725	656	4,167	5,797
East Central	616	405	549	320	320	424	1,311
Golden Triangle	1,496	2,188	1,510	1,659	1,121	2,420	3,613
North Central	877	1,153	1,433	888	600	1,262	1,515
North Delta	1,584	2,084	1,955	1,693	1,254	2,319	3,086
Northeast	443	1,653	1,616	1,140	319	1,749	2,857
South Delta	2,392	2,971	2,330	1,379	1,964	3,118	5,027
Southern	2,133	4,505	1,217	3,463	1,437	5,718	17,497
Southwest	3,360	4,406	4,087	3,141	2,372	4,829	5,325
Three Rivers	698	2,122	714	1,460	451	2,422	6,395
Total	16,505	24,552	18,262	17,868	10,494	28,428	52,423

Source: Department of Human Services, Division of Aging and Adult Services

The Mississippi Division of Medicaid funds and directs a statewide program for home and community-based services under a federally granted Medicaid waiver. Under this program, eligible individuals can choose to receive supportive services in their own homes or in the community rather than enter a nursing home. Services include case management, homemaker assistance, home-delivered meals, adult day care, institutional or in-home respite care, escort transportation, and expanded home health services. Participants in the waiver program must be 21 years of age or older, meet nursing home level of care requirements, and need assistance with at least three activities of daily living. Medicaid eligibility criteria include Supplemental Security Income (SSI) beneficiaries, those covered under Poverty Level Aged or Disabled (PLAD), or those with income under 300 percent of the SSI income level.

While homecare costs less per person than institutional care, total state costs can be increased tremendously by the large number of people who would likely sign up for in-home services if Medicaid were to pay for them. National surveys have shown that for every person in a nursing home, there are at least two living in the community who are just as sick. These people either refuse to enter a nursing home or have not been able to find an available nursing home bed in their area. Thus states that expand home and community-based programs through Medicaid waivers may wind up with tremendous increases in the number of people applying for the program and tremendous increases in costs as well. This is a major dilemma that all states must resolve, and its solution may lie in a complete re-formulation of long-term care policies.

101 Housing for the Elderly

Many elderly people do not need skilled nursing care on a daily basis, but simply safe, affordable housing and some assistance with the activities of daily living. Several states are exploring ways to expand supportive housing for the elderly. Such housing can take many forms.

“Board and care homes” are residences providing rooms (often semi-private), shared common areas, meals, protective oversight, and help with bathing, dressing, grooming, and other daily needs. Around the country, states license these homes under many different names. The size and type of homes, licensing requirements, staffing, costs, and the type of resident considered appropriate for this type of care vary widely.

In Mississippi, these facilities are licensed as personal care homes: Personal Care Home – Residential Living and Personal Care Home – Assisted Living. Both of these facilities provide residents a sheltered environment and assistance with the activities of daily living. Additionally, Personal Care Homes - Assisted Living may provide additional supplemental medical services that include the provision of certain routine health maintenance and emergency response services.

In 2005, the state had 173 licensed personal care homes, with a total of 4,731 licensed beds. Mississippi Medicaid operates an Assisted Living Waiver program which is piloted in seven counties: Bolivar, Sunflower, Lee, Hinds, Newton, Forrest, and Harrison. Participants in this waiver must be 21 years of age or older, meet nursing home level of care, need assistance with at least three activities of daily living, or have a diagnosis of Alzheimer’s Disease or other dementia and need assistance with two activities of daily living. Facilities must be licensed by the MDH as a Personal Care Home - Assisted Living to become a Medicaid provider for participation in the waiver. Individuals will be responsible for the cost of room and board and Medicaid will pay a flat, daily rate for services received within the facility. Services include personal care services, homemaker, chore, attendant care, medication oversight, therapeutic social and recreational programming, medication administration, intermittent skilled nursing services, transportation specified in the plan of care, and attendant call systems. Medicaid eligibility criteria include SSI beneficiaries, those covered under Poverty Level Aged and Disabled (PLAD), or those with income under 300 percent of the SSI income level.

“Retirement communities” or “senior housing facilities” have become common around the state. These communities usually provide apartments for independent living, with services such as transportation, weekly or bi-weekly housekeeping, and one to three meals daily in a common dining room. Many of these facilities include a licensed personal care home where the resident may move when he or she is no longer physically or mentally able to remain in their own apartment. Most facilities do not require an initial fee and do not sign a lifetime contract with their residents. They generally offer only independent living and personal care — most do not include a skilled nursing home as a part of the retirement community.

Another type of retirement center, called a “continuing care retirement community” (CCRC) includes three stages: independent living in a private apartment, a personal care facility, and a skilled nursing home. Residents of this type of facility enter into a contract whereby the residents pay a substantial fee upon entering the CCRC and the facility agrees to provide care for the remainder of the residents’ lives.

102 Financing for Long-Term Care

Most Americans are astounded to learn of the scarcity of financial help available for long-term care. Many people assume that Medicare pays for these services; in fact, Medicare funds a maximum of 100 days in a Medicare-certified skilled nursing facility only after a hospital-stay of at least three days and only if the attending physician certifies the patient as needing skilled nursing or rehabilitative services. Even under these conditions, only the first 20 days are completely covered. For the remaining 80 days, the individual must make a co-payment. Furthermore, only 84.5 percent of Mississippi’s skilled nursing homes are certified to participate in the Medicare program (158 of 187 nursing homes). The number of nursing homes certified for Medicare has increased substantially in recent years, but many still do not choose to participate in the program.

Swing-beds provide a valuable transition from hospital care for many Medicare-eligible patients whose medical condition prohibits immediate home discharge and would benefit from an additional period of supervised recuperation. Without the extended care provided in a swing-bed, many of these patients would become nursing home residents. Fifty-three hospitals participated in the swing-bed program during FY 2005 and provided care equivalent to approximately 220 nursing home beds. However, federal law limits the swing bed program to rural hospitals of fewer than 100 beds. Chapter XI offers additional information on swing bed services.

Mississippi also has nine Medicare-certified long-term acute care hospitals. These hospitals provide extended care to patients who require no more than three hours of rehabilitation per day but who have an average length of stay greater than 25 days. As with swing beds, these hospitals allow patients a longer period of recuperation to possibly avoid admission to a nursing home.

In addition, licensed acute care hospitals may designate a portion of their beds as a “distinct part skilled nursing facility.” These hospitals may then receive Medicare certification as a skilled nursing facility for those apportioned beds if the beds are located in a physically identifiable, distinct part of the hospital and meet all the certification requirements of a skilled nursing facility. A total of eleven hospitals with 167 beds are in operation.

Medicare also finances home health care when medically necessary and ordered by a physician. This care is more important than ever before as hospital stays become shorter and patients are discharged in a “sicker” condition. However, Medicare regulations require that the patient be home-bound, be under the care of a physician, and need skilled nursing care, physical therapy, or occupational therapy. Chapter XIII provides information on home health services in Mississippi.

Nationally, Medicare has become one of the largest funding sources for home health services, and Medicare funding for short stays in nursing homes is increasing. Nevertheless, Medicare remains a medical model intended to pay for short term acute care, not extended long-term care services.

Medicaid

Medicaid is the primary payor of long term skilled nursing care in the United States. Nearly 18 percent of the Medicaid budget in Mississippi goes to long term care, with approximately 70 percent of the nursing home care funded by Medicaid. However, an individual's assets and income must be very low to qualify for the Medicaid program.

Nursing home care is very expensive, averaging \$40,000 a year in Mississippi. Many people enter nursing homes as private pay patients and exhaust their assets after a short time. Then, they must rely on Medicaid to pay for their care. Patients or their families pay for approximately 11 percent of the nursing home care in Mississippi.

Long-Term Care Insurance

Long-term care insurance is still evolving to better meet consumers' needs. For some people, a long-term care insurance policy is an affordable and attractive option. For others, the high cost or the benefits they can afford are too small to make a policy worthwhile.

The MDH recognizes and encourages the efforts of the nursing home industry, working with the insurance industry, the American Association of Retired Persons, and others toward developing a suitable program of long-term care insurance. While not an immediate solution to the problem of funding long-term care, the potential for broader coverage through employer contributions and earlier enrollment at an age where premiums are more affordable does hold promise for improved coverage in the future.

103 Nursing Facilities

Mississippi has 187 public or proprietary skilled nursing homes, with a total of 17,247 licensed beds. Nineteen entities have received CON approval for the construction of 663 additional nursing home beds, 140 beds are connected to CCRCs, and seven facilities have voluntarily delicensed a total of 326 nursing home beds which are being held in abeyance by MDH. This count excludes one nursing home operated by the Mississippi Band of Choctaw Indians, with 120 beds; two nursing homes operated by the Department of Mental Health, with a total of 705 licensed beds in FY 2005; four nursing homes operated by the Mississippi State Veteran's Affairs Board, with a total of 600 beds; and one facility operated by the Mississippi Methodist Rehabilitation Center, with a total of 60 beds dedicated to serving patients with special rehabilitative needs, including spinal cord and closed-head injuries. These beds are not subject to Certificate of need review and are designated to serve specific populations.

The escalating costs to the Medicaid program caused the Mississippi Legislature to place a permanent moratorium of new nursing home beds in 1980. However, the Legislature periodically grants exemptions to the moratorium for specific areas of the state.

104 Long-Term Care Beds for Individuals with Mental Retardation and Other Developmental Disabilities

Mississippi had 2,724 licensed beds classified as ICF/MR (intermediate care facility for the mentally retarded) for licensure year 2006. The Department of Mental Health (MDMH) operates five comprehensive regional centers that contain 2,055 active licensed and staffed beds, and five proprietary facilities operate the remaining 669 beds. The residents of the MDMH's regional centers, although they have mental retardation/developmental disabilities, also have severe physical disabilities that result in their requiring care at the nursing home level. Regular nursing facilities are not equipped to serve these individuals.

Map VIII-2 shows the MR/DD Long-Term Care Planning Districts, and Table VIII-5 presents the MR/DD nursing home bed need by Planning District. Both the map and table appear in the criteria and standards section of this chapter. The adopted formula of one bed per 1,000 population less than 65 years of age indicates that the state is presently over bedded by 190 MR/DD nursing home beds.

The Department of Mental Health has achieved significant progress in developing community living alternatives for persons with mental retardation and developmental disabilities. The prevailing philosophy on the national and state level is to shift emphasis from large institutions to small specialized facilities within the community. Individuals placed in these facilities need long-term treatment programs that may last for several years. In theory, ICF/MR facilities are transitional - individuals should eventually reach a level of functioning that would allow them to move to a less restrictive environment. Rehabilitative and habilitative training programs continue as long as the individual remains in the facility.

Small facilities of ten or fewer beds in size blend better with the community and more closely follow the tenants of the normalization concept than do large institutions. In accordance with this philosophy, the Department of Mental Health continues the development of small ICF/MR community-based group homes and has received or requested funding for 70 such homes.

Table VIII-3 (A)
Community Living Arrangements
Group Homes*
 FY 2005

Provider	Sites
Boswell Regional Center	Brookhaven (3), Hazlehurst (2), Magee (3), Mendenhall (2), Wesson (2)
Ellisville State School	Ellisville (2), Hattiesurg (3), Laurel (3), Prentiss (2), Sumrall (2), Lumberton (2), Columbus, Taylorsville (2), Waynesboro (2), Richton (2), Bay Springs (2)
Hudspeth Regional Center	Brandon, Meridian (2), Whitfield, Morton (2), Louisville (2), Kilmichael (2), Kosciusko (2)
Mississippi Christian Family Services	Rolling Fork (2)
North Mississippi Regional Center	Bruce (2), Corinth (2), Fulton (2), Hernando (2), Oxford, Batesville (2), Senatobia (2), Booneville (2), Nettleton (2), Clarksdale
Region 5 CMHC	Greenville and Cleveland
Region 6 CMHC	Greenwood (2)
Region 7 CMHC	Starkville
Region 14 CMHC	Gautier
South Mississippi Regional Center	Biloxi (2), Gautier (3), Gulfport, Picayune, Poplarville (2), Wiggins (2), Waveland (2)
Willowood	Clinton, Pearl, Jackson

*Ten-Bed ICF/MR homes are included in the above chart. The chart does not include individuals served in the HCBs supervised/supported Residential Habilitation programs.

Source: Mississippi State Department of Mental Health, Bureau of Mental Retardation

The Department of Mental Health has also developed small community-based group homes and supervised apartment programs specifically for individuals with mental retardation/developmental disabilities. Community mental health/mental retardation centers and private, not-for-profit corporations operate additional homes. The homes and apartments must meet MDMH minimum standards for certification. The residents of these programs generally have a higher level of independence than those in the ICF/MR facilities.

Table VIII-3 (B)
Community Living Alternatives
Supervised Apartments
 FY 2005

Provider	Sites
Boswell Regional Center	Magee, Brookhaven
Ellisville State School	Ellisville, Laurel, Columbus
Hudspeth Regional Center	Brandon, Clinton, Pearl, Jackson
North Mississippi Regional Center	Oxford, Tupelo
South Mississippi Regional Center	Gulfport, Biloxi, Picayune
Region 14, Mental Health Center	Lucedale
Region 15, Warren-Yazoo Mental Health Services	Yazoo City
St. Francis Academy	Picayune
Willowood	Jackson

Source: Mississippi State Department of Mental Health, Bureau of Mental Retardation

Tables VIII-3 (A) and (B) show the location and type of both the ICF/MR-licensed community-based homes, the additional community-based group homes, and the supervised apartments for individuals with developmental disabilities.

105 Alzheimer’s Disease and Other Related Dementia

Dementia, a clinical syndrome characterized by the decline of cognitive ability in an otherwise alert individual, by definition involves some memory loss. Other cognitive abilities are frequently diminished or lost, including judgment, learning capacity, reasoning, comprehension, and attention and orientation to time, place, and self. The ability to express oneself meaningfully and to understand what others communicate usually also becomes affected.

The Office of Technology Assessment (OTA), U.S. Department of Health Care Financing, estimates that the prevalence of dementia increases dramatically with age from one percent of those individuals aged 65-74 years old, to seven percent of those 75-84 years, to 25 percent of those aged 85 and over. OTA also estimates that 1.8 million persons in the United States have severe dementia. In addition, one to five million people have mild or moderate dementia. The prevalence could more than triple within the next 50 years if there are no changes in the biomedical knowledge base or clinical management of the disease that causes dementia (OTA, 1992).

In general, health status declines with aging, as individuals become more frail and susceptible to multiple chronic illnesses. Cognitive losses become a leading cause of functional and physical decline. As the disease progresses, the individual begins to experience loss in performing personal care tasks and cognitive-dependent home management tasks. These activities are referred to as

activities of daily living (ADL) and instrumental activities of daily living (IADL), respectively. Persons with dementia who need physical and behavioral intervention may include persons ranging from ambulatory individuals who are able to do some ADL tasks to individuals who need total care. Estimates of how many persons need both ADL and IADL services range from nine percent of persons who are 65 to 69 years old to 45 percent or above for those 85 and older. The progression of dementia is not caused by a person's age, but by the loss of functions increasing to total disability. The most acute cases are found among persons who are over the age of 80.

Informal networks of families and other caregivers provide the bulk of the care and services for individuals with dementia. These individuals live in a home-like environment for long periods of time regardless of their severe memory impairment and behavioral dysfunctions. Often the caregivers, who endure their loved one's cognitive loss and assume heavy burdens of care over a prolonged period of time, become the less visible victims of dementia. Individuals with dementia may require constant vigilance by their caregivers because of their unpredictable behavior. As time progresses, the caregivers may begin to experience stress-related illnesses and may become more susceptible to problems of advancing age.

As the individual's illness worsens, the caregiver may require help from formal health services or a facility that offers long term residential services. Alternative services provide a continuum ranging from independent living without outside support to assisted living in the home supported by a community day service. Finally, care-givers may seek help from a residential care facility, a nursing facility, or in rare cases, a psychiatric hospital, if there is a history/evidence of a co-occurring mental illness.

Events which precipitate an individual's move from a home environment to a nursing facility are usually related to circumstances, specific events, or symptoms that cause care-giving in the home setting to be too burdensome, stressful, or unsafe. This decision is usually entailed by sickness and/or death of a spouse or care-giver. The challenge for family and care-givers is to determine when home care becomes inappropriate and institutional care becomes a necessity, not a choice.

The 1999 Legislature temporarily lifted the long-term care moratorium to allow the approval of Certificates of Need for a total of 60 nursing facility beds for individuals with Alzheimer's Disease (20-bed units in the northern, central, and southern portions of each of the Long-Term Care Planning Districts), for a total of 240 additional beds. The MDMH has established the Division of Alzheimer's Disease and Other Dementia, with the responsibility of developing and implementing state plans to assist with the care and treatment of persons with Alzheimer's disease and other dementia, including the development of community-based day programs and training needed by caregivers. Two adult day programs for individuals with Alzheimer's Disease/Other Dementia are currently funded and serving as pilot projects. Central Mississippi Residential Center operates Footprint Adult Day Services in Newton and Region 6 Community Mental Health Center (Life Help) operates Garden Park Adult Day Program in Greenwood. Each program serves approximately 20 persons at a time and presently operates at capacity. The Division of Alzheimer's Disease and Other Dementia, in addition to its main DMH office in Jackson, has satellites in Cleveland, Magee, and Long Beach. A training curriculum for education of caregivers (service providers and family members) has been updated and expanded and was made adaptable to different target audiences. Training has steadily increased since program inception. A special curriculum for providers in long-term care facilities has also been developed and is adaptable for target audiences.

**Certificate of Need
Criteria and Standards
for
Nursing Home Beds**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health

106 Policy Statement Regarding Certificate of Need Applications for the Offering of Nursing Home Care Services

1. Legislation

- a. The 1990 Mississippi Legislature imposed a permanent moratorium which prohibits the MDH from granting approval for or issuing a Certificate of Need to any person proposing the new construction of, addition to, expansion of, or conversion of vacant hospital beds to provide skilled or intermediate nursing home care, except as specifically authorized by statute.
- b. Effective July 1, 1990, any health care facility defined as a psychiatric hospital, skilled nursing facility, intermediate care facility, intermediate care facility for the mentally retarded, or psychiatric residential treatment facility that is owned by the State of Mississippi and under the direction and control of the State Department of Mental Health is exempted from the requirement of the issuance of a Certificate of Need under Section 41-7-171 et seq., for projects which involve new construction, renovation, expansion, addition of new beds, or conversion of beds from one category to another in any such defined health care facility.
- c. The 1999 Mississippi Legislature temporarily lifted the 1990 moratorium to allow a 60-bed nursing facility to be added to each of 26 counties with the greatest need between the years 2000 and 2003. The Legislature also permitted CONs for 60 nursing facility beds for individuals with Alzheimer's Disease in the northern, central, and southern parts of each of the Long-Term Care Planning Districts, for a total of 240 additional beds.
- d. Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need.
- e. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a Certificate of Need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

2. Long-Term Care Planning Districts (LTCPD): The MDH shall determine the need for additional nursing home care beds based on the LTCPDs as outlined on Map VIII-1. The MDH shall calculate the statistical need for beds in each LTCPD independently of all other LTCPDs.

3. Bed Need: The need for nursing home care beds is established at:

0.5 beds per 1,000 population aged 64 and under
14 beds per 1,000 population aged 65-74
59 beds per 1,000 population aged 75-84
179 beds per 1,000 population aged 85 and older

4. Population Projections: The MDH shall use population projections as presented in Table VIII-4 when calculating bed need. These population projections are the most recent projections prepared by the Center for Policy Research and Planning of the Institutions of Higher Learning (March 2005).

5. Bed Inventory: The MDH shall review the need for additional nursing home beds using the most recent information available regarding the inventory of such beds.
6. Size of Facility: The MDH shall not approve construction of a new or replacement nursing home care facility for less than 60 beds. However, the number of beds authorized to be licensed in a new or replacement facility may be less than 60 beds.
7. Definition of CCRC: The Glossary of this *Plan* presents the MDH's definition of a "continuing care retirement community" for the purposes of planning and CON decisions.
8. Medicare Participation: The MDH strongly encourages all nursing homes participating in the Medicaid program to also become certified for participation in the Medicare program.
9. Alzheimer's/Dementia Care Unit: The MDH encourages all nursing home owners to consider the establishment of an Alzheimer's/Dementia Care Unit as an integral part of their nursing care program.

107 Certificate of Need Criteria and Standards for Nursing Home Care Beds

If the legislative moratorium were removed or partially lifted, the MDH would review applications for the offering of nursing home care under the statutory requirements of Sections 41-7-173 (h) subparagraphs (iv) and (vi), 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications for Certificate of Need according to the applicable policy statements contained in this *Plan*; the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the MDH; and the specific criteria and standards listed below.

Certificate of Need review is required for the offering of nursing home care services, as defined, if the capital expenditure exceeds \$2,000,000; if the licensed bed capacity is increased through the conversion or addition of beds; or if nursing home care services have not been provided on a regular basis by the proposed provider of such services within the period of twelve (12) months prior to the time such services would be offered. Certificate of Need review is required for the construction, development, or otherwise establishment of new nursing home care beds regardless of capital expenditure.

1. **Need Criterion: The applicant shall document a need for nursing home care beds using the need methodology as presented herein: The Long-Term Care Planning District wherein the proposed facility will be located must show a need using the following ratio:**

**0.5 beds per 1,000 population aged 64 and under
14 beds per 1,000 population aged 65-74
59 beds per 1,000 population aged 75-84
179 beds per 1,000 population aged 85 and older**

2. The applicant shall document the number of beds that will be constructed, converted, and/or licensed as offering nursing home care services.
3. The MDH should consider the area of statistical need as one criterion when awarding Certificates of Need in the case of competing applications.
4. Any applicant applying for nursing home beds who proposes to establish an

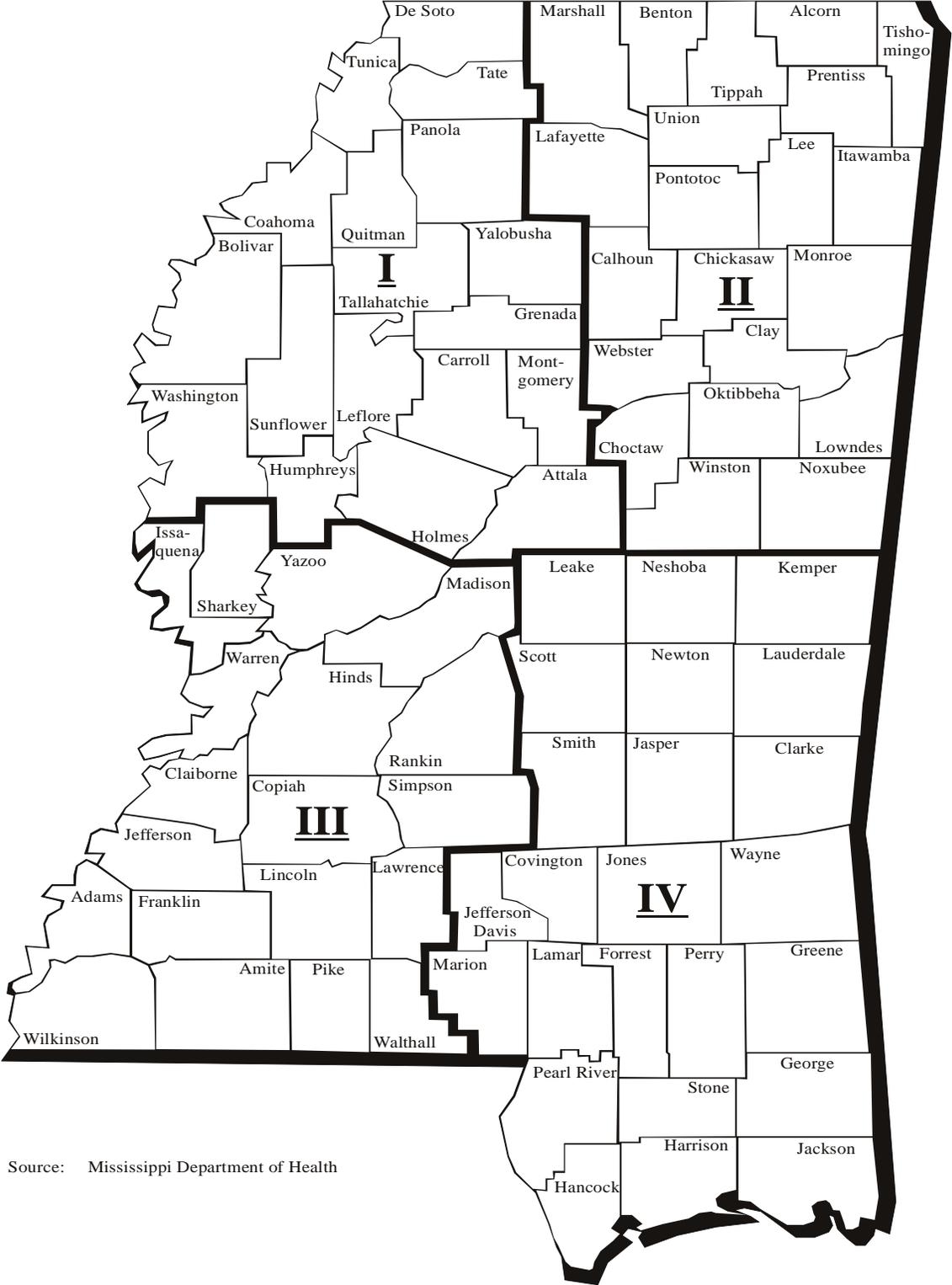
Alzheimer's/Dementia Care Unit shall affirm that the applicant shall fully comply with all licensure regulations of the MDH for said Alzheimer's/Dementia Care Unit.

108 Certificate of Need Criteria and Standards for Nursing Home Beds As Part of a Continuing Care Retirement Community (CCRC)

Entities desiring to establish nursing home beds as part of a CCRC shall meet all applicable requirements, as determined by the MDH, of the policy statements and general CON criteria and standards in the *Mississippi Certificate of Need Review Manual*, the CON criteria and standards for nursing home beds established in this *State Health Plan*.

Map VIII - 1

Long-Term Care Planning Districts



Source: Mississippi Department of Health

Table VIII-4
2007 Projected Nursing Home Bed Need

State of Mississippi												
Long-Term Care Planning District	Population 0 - 64	Bed Need (0.5/1,000)	Population 65 - 74	Bed Need (14/1,000)	Population 75 - 84	Bed Need (59/1,000)	Population 85+	Bed Need (179/1,000)	Total Bed Need	# Beds in Abeyance	Licensed/CON- Approved Beds	Difference
District I	475,794	238	37,367	523	26,708	1,576	12,510	2,239	4,576	122	3,201 / 190	1,063
District II	499,251	250	44,952	629	33,888	1,999	15,890	2,844	6,090	0	4,046 / 60	1,984
District III	690,052	345	54,539	764	40,274	2,376	18,881	3,380	6,864	15	4,661	2,189
District IV	868,516	434	76,450	1,070	55,415	3,269	25,064	4,486	9,260	189	5,339 / 413	3,319
State Total	2,533,613	1,267	213,308	2,986	156,285	9,221	72,345	12,950	26,791	326	17,247 / 663	8,556

Note: Licensed beds do not include 705 beds operated by the Department of Mental Health, 120 beds operated by the Mississippi Band of Choctaw Indians, 600 beds operated by the Mississippi Veteran's Affairs Board, or 60 beds operated by the Mississippi Methodist Rehabilitation Center for the treatment of patients with special disabilities, including persons with spinal cord and closed-head injuries and ventilator-dependent patients.

Sources: Mississippi Department of Health, Division of Licensure and Certification; and Division of Health Planning and Resource Development Calculations, May 2006

Population Projections: *Mississippi Population Projections 2010, 2015, and 2020*. Center for Policy Research and Planning, Mississippi Institutions of Higher Learning, August 2005

Table VIII-4 (continued)
2007 Projected Nursing Home Bed Need

District I												
County	Population 0 - 64	Bed Need (0.5/1,000)	Population 65 - 74	Bed Need (14/1,000)	Population 75 - 84	Bed Need (59/1,000)	Population 85+	Bed Need (179/1,000)	Total Bed Need	# Beds in Abeyance	Licensed/CON Approved Beds	Difference
Attala	15,757	7.88	1,662	23.27	1,505	88.80	734	131.39	251	0	120 / 60	71
Bolivar	33,131	16.57	2,396	33.54	1,778	104.90	911	163.07	318	60	350	-92
Carroll	8,707	4.35	1,040	14.56	655	38.65	302	54.06	112	0	60	52
Coahoma	24,773	12.39	1,871	26.19	1,564	92.28	769	137.65	269	0	186	83
DeSoto	131,632	65.82	9,642	134.99	5,230	308.57	2,110	377.69	887	0	320	567
Grenada	19,177	9.59	1,797	25.16	1,465	86.44	718	128.52	250	0	257	-7
Holmes	17,918	8.96	1,342	18.79	1,070	63.13	536	95.94	187	0	148	39
Humphreys	9,988	4.99	689	9.65	573	33.81	279	49.94	98	0	60	38
LeFlore	30,809	15.40	2,115	29.61	1,728	101.95	870	155.73	303	0	410	-107
Montgomery	9,271	4.64	1,006	14.08	897	52.92	432	77.33	149	0	120	29
Panola	31,246	15.62	2,570	35.98	1,920	113.28	870	155.73	321	0	190 / 20	111
Quitman	8,828	4.41	715	10.01	572	33.75	280	50.12	98	0	60	38
Sunflower	29,947	14.97	1,724	24.14	1,309	77.23	646	115.63	232	2	244	-14
Tallahatchie	11,685	5.84	1,103	15.44	853	50.33	417	74.64	146	0	68 / 60	18
Tate	23,888	11.94	2,084	29.18	1,375	81.13	626	112.05	234	0	120	114
Tunica	9,015	4.51	676	9.46	418	24.66	195	34.91	74	0	60	14
Washington	49,559	24.78	3,777	52.88	2,894	170.75	1,394	249.53	498	60	356	82
Yalobusha	10,463	5.23	1,158	16.21	902	53.22	421	75.36	150	0	72 / 50	28
District Total	475,794	237.90	37,367	523.14	26,708	1,575.77	12,510	2,239.29	4,576	122	3,201 / 190	1,063

Table VIII-4 (continued)
2007 Projected Nursing Home Bed Need

District II												
County	Population 0 - 64	Bed Need (0.5/1,000)	Population 65 - 74	Bed Need (14/1,000)	Population 75 - 84	Bed Need (59/1,000)	Population 85+	Bed Need (179/1,000)	Total Bed Need	# Beds in Abeyance	Licensed/CON - Approved Beds	Difference
Alcorn	28,263	14.13	3,241	45.37	2,370	139.83	1,109	198.51	398	0	264	134
Benton	6,104	3.05	653	9.14	542	31.98	246	44.03	88	0	60	28
Calhoun	10,976	5.49	1,234	17.28	1,093	64.49	540	96.66	184	0	155	29
Chickasaw	14,767	7.38	1,440	20.16	1,132	66.79	524	93.80	188	0	139	49
Choctaw	8,020	4.01	824	11.54	655	38.65	311	55.67	110	0	73	37
Clay	17,957	8.98	1,469	20.57	1,245	73.46	595	106.51	210	0	180	30
Itawamba	19,678	9.84	2,150	30.10	1,523	89.86	708	126.73	257	0	196	61
Lafayette	37,712	18.86	2,455	34.37	1,871	110.39	854	152.87	316	0	180	136
Lee	65,953	32.98	5,782	80.95	3,972	234.35	1,870	334.73	683	0	487	196
Lowndes	50,618	25.31	4,078	57.09	3,057	180.36	1,410	252.39	515	0	380	135
Marshall	31,792	15.90	2,755	38.57	1,814	107.03	768	137.47	299	0	120 / 60	119
Monroe	31,043	15.52	3,164	44.30	2,388	140.89	1,157	207.10	408	0	332	76
Noxubee	9,795	4.90	792	11.09	648	38.23	301	53.88	108	0	60	48
Oktibbeha	40,040	20.02	2,408	33.71	1,701	100.36	773	138.37	292	0	179	113
Pontotoc	24,883	12.44	2,067	28.94	1,619	95.52	776	138.90	276	0	164	112
Prentiss	22,421	11.21	2,226	31.16	1,640	96.76	782	139.98	279	0	144	135
Tippah	17,657	8.83	1,804	25.26	1,380	81.42	661	118.32	234	0	240	-6
Tishomingo	14,840	7.42	1,906	26.68	1,484	87.56	704	126.02	248	0	178	70
Union	22,578	11.29	2,095	29.33	1,661	98.00	796	142.48	307	0	180	127
Webster	7,909	3.95	838	11.73	735	43.37	351	62.83	122	0	155	-33
Winston	16,245	8.12	1,571	21.99	1,358	80.12	654	117.07	227	0	180	47
District Total	499,251	249.63	44,952	629.33	33,888	1,999.39	15,890	2,844.31	5,749	0	4,046 / 60	1,643

Table VIII-4 (continued)
2007 Projected Nursing Home Bed Need

District III												
County	Population 0 - 64	Bed Need (0.5/1,000)	Population 65 - 74	Bed Need (14/1,000)	Population 75 - 84	Bed Need (59/1,000)	Population 85+	Bed Need (179/1,000)	Total Bed Need	# Beds in Abeyance	Licensed/CON Approved Beds	Difference
Adams	24,387	12.19	2,722	38.11	2,300	135.70	1,088	194.75	381	15	259	107
Amite	10,711	5.36	1,251	17.51	920	54.28	421	75.36	153	0	80	73
Claiborne	10,816	5.41	665	9.31	526	31.03	256	45.82	92	0	77	15
Copiah	25,962	12.98	2,092	29.29	1,647	97.17	765	136.94	276	0	180	96
Franklin	6,928	3.46	679	9.51	581	34.28	272	48.69	96	0	60	36
Hinds	206,884	103.44	14,996	209.94	11,382	671.54	5,609	1,004.01	1,989	0	1,427	562
Issaquena	2,115	1.06	184	2.58	119	7.02	45	8.06	19	0	0	19
Jefferson	8,027	4.01	596	8.34	463	27.32	213	38.13	78	0	60	18
Lawrence	11,621	5.81	1,121	15.69	829	48.91	365	65.34	136	0	60	76
Lincoln	29,112	14.56	2,616	36.62	2,150	126.85	1,026	183.65	362	0	320	42
Madison	79,717	39.86	4,832	67.65	3,471	204.79	1,664	297.86	610	0	395	215
Pike	34,056	17.03	2,922	40.91	2,460	145.14	1,181	211.40	414	0	285	129
Rankin	124,530	62.27	9,869	138.17	5,837	344.38	2,393	428.35	973	0	350	623
Sharkey	4,986	2.49	387	5.42	301	17.76	154	27.57	53	0	54	-1
Simpson	24,215	12.11	2,192	30.69	1,668	98.41	759	135.86	277	0	180	97
Walthall	12,317	6.16	1,258	17.61	927	54.69	442	79.12	158	0	137	21
Warren	40,133	20.07	3,573	50.02	2,532	149.39	1,190	213.01	432	0	411	21
Wilkinson	8,619	4.31	725	10.15	610	35.99	299	53.52	104	0	105	-1
Yazoo	24,916	12.46	1,859	26.03	1,551	91.51	739	132.28	262	0	221	41
District Total	690,052	345.03	54,539	763.55	40,274	2,376.17	18,881	3,379.70	6,864	15	4,661	2,189

Table VIII-4 (continued)
2007 Projected Nursing Home Bed Need

District IV												
County	Population 0 - 64	Bed Need (0.5/1,000)	Population 65 - 74	Bed Need (14/1,000)	Population 75 - 84	Bed Need (59/1,000)	Population 85+	Bed Need (179/1,000)	Total Bed Need	# Beds in Abeyance	Licensed/CON- Approved Beds	Difference
Clarke	13,892	6.95	1,455	20.37	1,180	69.62	562	100.60	198	0	135	63
Covington	17,250	8.63	1,609	22.53	1,173	69.21	534	95.59	196	0	60 / 60	76
Forrest	68,607	34.30	4,675	65.45	3,768	222.31	1,819	325.60	648	60	496	92
George	18,445	9.22	1,682	23.55	1,002	59.12	443	79.30	171	0	60 / 60	51
Greene	13,642	6.82	1,003	14.04	636	37.52	292	52.27	111	0	120	-9
Hancock	40,615	20.31	4,626	64.76	3,003	177.18	1,304	233.42	496	99	99	298
Harrison	169,196	84.60	13,812	193.37	9,836	580.32	4,259	762.36	1,621	0	856 / 60	705
Jackson	120,720	60.36	10,805	151.27	6,568	387.51	2,739	490.28	1,089	0	528	561
Jasper	15,576	7.79	1,429	20.01	1,124	66.32	530	94.87	189	0	110	79
Jefferson Davis	11,157	5.58	1,120	15.68	842	49.68	410	73.39	144	0	60	84
Jones	55,684	27.84	5,170	72.38	4,219	248.92	1,951	349.23	698	0	438	260
Kemper	9,192	4.60	820	11.48	685	40.42	336	60.14	117	0	81	36
Lamar	41,083	20.54	2,995	41.93	1,961	115.70	852	152.51	331	0	140 / 53	138
Lauderdale	64,102	32.05	5,682	79.55	4,840	285.56	2,431	435.15	832	30	552	250
Leake	18,272	9.14	1,639	22.95	1,382	81.54	649	116.17	230	0	143	87
Marion	21,271	10.64	1,845	25.83	1,637	96.58	761	136.22	269	0	297	-28
Neshoba	25,437	12.72	2,235	31.29	1,851	109.21	906	162.17	315	0	208	107
Newton	18,404	9.20	1,723	24.12	1,451	85.61	708	126.73	246	0	120 / 60	66
Perarl River	46,173	23.09	4,716	66.02	3,117	183.90	1,296	231.98	505	0	246 / 120	139
Perry	11,105	5.55	1,027	14.38	656	38.70	272	48.69	107	0	60	47
Scott	24,516	12.26	2,114	29.60	1,569	92.57	737	131.92	266	0	150	116
Smith	12,632	6.32	1,388	19.43	1,030	60.77	453	81.09	168	0	121	47
Stone	13,333	6.67	1,206	16.88	747	44.07	319	57.10	125	0	169	-44
Wayne	18,212	9.11	1,674	23.44	1,138	67.14	501	89.68	189	0	90	99
District Total	868,516	434.26	76,450	1,070.30	55,415	3,269.49	25,064	4,486.46	9,260	189	5,339 / 413	3,319

**Policy Statement Regarding Certificate of Need Applications
for the Offering of Nursing Home Care Services for Mentally
Retarded and Other Developmentally Disabled Individuals**

1. Legislation
 - a. The 1990 Mississippi Legislature imposed a permanent moratorium which prohibits the MDH from granting approval for or issuing a CON to any person proposing the new construction, addition to, or expansion of an intermediate care facility for the mentally retarded (ICF/MR).
 - b. Effective July 1, 1990, any health care facility defined as a psychiatric hospital, skilled nursing facility, intermediate care facility, intermediate care facility for the mentally retarded, or psychiatric residential treatment facility which is owned by the State of Mississippi and under the direction and control of the State Department of Mental Health is exempted from the requirement of the issuance of a Certificate of Need under Section 41-7-171 et seq., for projects which involve new construction, renovation, expansion, addition of new beds, or conversion of beds from one category to another in any such defined health care facility.
 - c. Effective April 12, 2001, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need.
 - d. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a Certificate of Need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.
2. MR/DD Long-Term Care Planning Districts (MR/DD LTCPD): The need for additional MR/DD nursing home care beds shall be based on the MR/DD LTCPDs as outlined in Map VIII-2.
3. Bed Need: The need for MR/DD nursing home care beds is established at one bed per 1,000 population less than 65 years of age.
4. Population Projections: The MDH shall use population projections as presented in Table VIII-5 when calculating bed need.
5. Bed Limit: No MR/DD LTCPD shall be approved for more than its proportioned share of needed MR/DD nursing home care beds. No application shall be approved which would over-bed the state as a whole.
6. Bed Inventory: The MDH shall review the need for additional MR/DD nursing home care beds utilizing the most recent information available regarding the inventory of such beds.

109 Certificate of Need Criteria and Standards for Nursing Home Beds for Mentally Retarded and Other Developmentally Disabled Individuals

If the legislative moratorium were removed or partially lifted, the Mississippi Department of Health would review applications for MR/DD nursing home care beds under the statutory requirements of Sections 41-7-173 (h) subparagraph (viii), 41-7-191, and 41-7-193, Mississippi Code 1972, as amended. The MDH will also review applications for Certificate of Need according to the applicable policy statements contained in this *Plan*; the general criteria as listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the specific criteria and standards listed below.

Certificate of Need review is required for the offering of MR/DD nursing home care services, as defined, if the capital expenditure exceeds \$2,000,000; if the licensed bed capacity is increased through the conversion or addition of beds; or if MR/DD nursing home care services have not been provided on a regular basis by the proposed provider of such services within the period of twelve (12) months prior to the time such services would be offered. Certificate of Need review is required for the construction, development, or otherwise establishment of new MR/DD nursing home care beds regardless of capital expenditure.

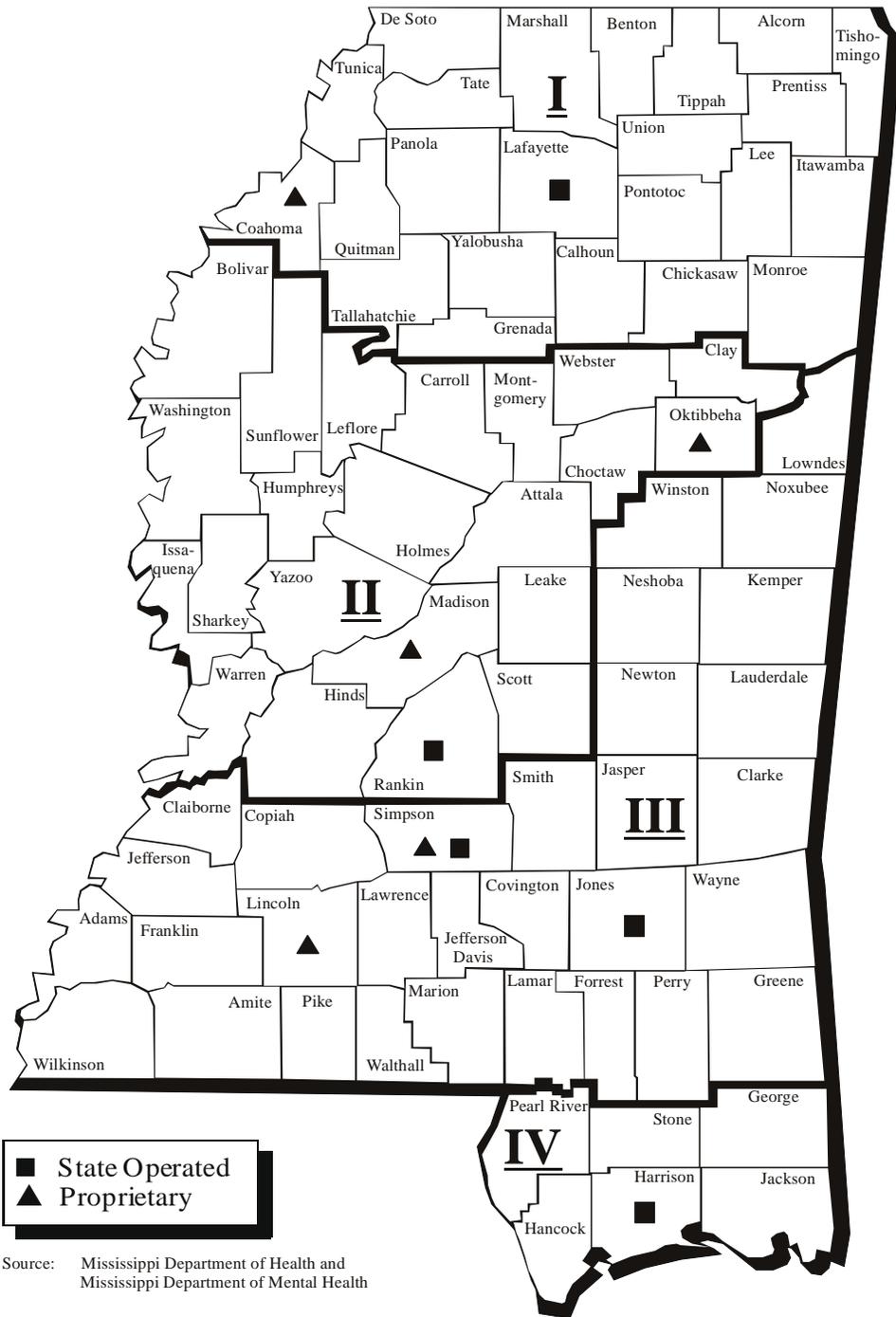
- 1. Need Criterion: The applicant shall document a need for MR/DD nursing home care beds using the need methodology as presented below. The applicant shall document in the application the following:**
 - a. using the ratio of one bed per 1,000 population under 65 years of age, the state as a whole must show a need; and**
 - b. the MR/DD Long-Term Care Planning District (LTCPD) where the proposed facility/beds/services are to be located must show a need.**
2. The applicant shall document the number of beds that will be constructed/converted and/or licensed as offering MR/DD nursing home care services.
3. The MDH shall give priority consideration to those CON applications proposing the offering of MR/DD nursing home care services in facilities which are 15 beds or less in size.

110 Policy Statement Regarding Certificate of Need Applications for a Pediatric Skilled Nursing Facility

Legislation

1. The 1993 Mississippi Legislature authorized the Department of Health to issue a Certificate of Need for the construction of a pediatric skilled nursing facility not to exceed 60 new beds.
2. A pediatric skilled nursing facility is defined as an institution or a distinct part of an institution that is primarily engaged in providing to inpatients skilled nursing care and related services for persons under 21 years of age who require medical, nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
3. The MDH will review applications for the construction of pediatric skilled nursing facility beds using the general CON review criteria and standards contained in the *Mississippi Certificate of Need Review Manual*, criteria and standards for nursing homes and MR/DD facilities contained in the *State Health Plan*, and all adopted rules, procedures, and plans of the Mississippi State Department of Health.
4. Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c).
5. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a Certificate of Need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

Map VIII - 2
Mentally Retarded/Developmentally Disabled Long-Term
Care Planning Districts and Location of Existing Facilities
(ICF/MR - Licensed)



Source: Mississippi Department of Health and Mississippi Department of Mental Health

Table VIII-5
2007 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2010 Projected Pop. <65	2005 Licensed Beds	Projected MR/DD Bed Need	Difference
Mississippi	2,533,613	2,724	2,534	-190
District I	619,367	602	619	17
Alcorn	28,263		28	28
Benton	6,104		6	6
Calhoun	10,976		11	11
Chickasaw	14,760		15	15
Coahoma	24,773	132	25	-107
DeSoto	131,632		132	132
Grenada	19,177		19	19
Itawamba	19,678		20	20
Lafayette	37,712	470	38	-432
Lee	65,953		66	66
Marshall	31,792		32	32
Monroe	31,043		31	31
Panola	31,246		31	31
Pontotoc	24,883		25	25
Prentiss	22,421		22	22
Quitman	8,828		9	9
Tallahatchie	11,685		12	12
Tate	23,888		24	24
Tippah	17,657		18	18
Tishomingo	14,840		15	15
Tunica	9,015		9	9
Union	22,578		23	23
Yalobusha	10,463		10	10

Table VIII-5 (continued)
2007 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2010 Projected Pop. <65	2005 Licensed Beds	Projected MR/DD Bed Need	Difference
District II	855,700	687	856	169
Attala	15,757		16	16
Bolivar	33,131		33	33
Carroll	8,707		9	9
Choctaw	8,020		8	8
Clay	17,957		18	18
Hinds	206,884		207	207
Holmes	17,918		18	18
Humphreys	9,988		10	10
Issaquena	2,115		2	2
Leake	18,272		18	18
Leflore	30,809		31	31
Lowndes	50,618		51	51
Madison	79,717	132	80	-52
Montgomery	9,271		9	9
Oktibbeha	40,040	140	40	-100
Rankin	124,530	415	125	-290
Scott	24,516		25	25
Sharkey	4,986		5	5
Sunflower	29,947		30	30
Warren	40,133		40	40
Washington	49,559		50	50
Webster	7,909		8	8
Yazoo	24,916		25	25

Table VIII-5 (continued)
2007 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2010 Projected Pop. <65	2004 Licensed Beds	Projected MR/DD Bed Need	Difference
District III	650,057	1,175	650	-525
Adams	24,387		24	24
Amite	10,711		11	11
Claiborne	10,816		11	11
Clarke	13,892		14	14
Copiah	25,962		26	26
Covington	17,250		17	17
Forrest	68,607		69	69
Franklin	6,928		7	7
Greene	13,642		14	14
Jasper	15,576		16	16
Jefferson	8,027		8	8
Jefferson Davis	11,157		11	11
Jones	55,684	712	56	-656
Kemper	9,192		9	9
Lamar	41,083		41	41
Lauderdale	64,102		64	64
Lawrence	11,621		12	12
Lincoln	29,112	140	29	-111
Marion	21,271		21	21
Neshoba	25,437		25	25
Newton	18,404		18	18
Noxubee	9,795		10	10
Perry	11,105		11	11
Pike	34,056		34	34
Simpson	24,215	323	24	-299
Smith	12,632		13	13
Walthall	12,317		12	12
Wayne	18,212		18	18
Wilkinson	8,619		9	9
Winston	16,245		16	16

Table VIII-5 (continued)
2007 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2010 Projected Pop. <65	2005 Licensed Beds	Projected MR/DD Bed Need	Difference
District IV	408,482	260	408	148
George	18,445		18	18
Hancock	40,615		41	41
Harrison	169,196	260	169	-91
Jackson	120,720		121	121
Pearl River	46,173		46	46
Stone	13,333		13	13