

CHAPTER 6

COMPREHENSIVE MEDICAL REHABILITATION SERVICES

Chapter 6 Comprehensive Medical Rehabilitation Services

100 Comprehensive Medical Rehabilitation Services

Comprehensive medical rehabilitation (CMR) services are defined as intensive care providing a coordinated multidisciplinary approach to patients with severe physical disabilities that require an organized program of integrated services. Level I facilities offer a full range of CMR services to treat disabilities such as spinal cord injury, brain injury, stroke, congenital deformity, amputations, major multiple trauma, polyarthritis, fractures of the femur, and neurological disorders. Level II facilities offer CMR services to treat disabilities other than spinal cord injury, congenital deformity, and brain injury.

The bed capacity, number of discharges, average length of stay, and occupancy rates for Level I and Level II CMR facilities are listed in Tables 6-1 and 6-2, respectively.

**Table 6-1
Hospital-Based Level I CMR Units
FY 2013**

Facilities	Licensed Bed Capacity	Average Daily Census	Average Length of Stay	Occupancy Rate (%)
Baptist Memorial Hospital - DeSoto	30	15.50	12.81	51.68
Delta Regional Medical Center -West Campus	24	5.74	12.71	23.90
Forrest General Hospital	24	21.88	15.58	91.16
Memorial Hospital at Gulfport	33	20.2	13.00	61.22
Mississippi Methodist Rehab Center	80	47.13	16.35	58.91
North Miss Medical Center	30	20.67	13.67	68.91
University Hospital and Health System	25	16.35	16.20	65.39
State Total	246	21.07	14.33	60.17

Source: 2013 Report on Hospitals, Mississippi State Department of Health

**Table 6-2
Hospital-Based Level II CMR Units
FY 2013**

Facility	Licensed Bed Capacity	Average Daily Census	Average Length of Stay	Occupancy Rate (%)
Baptist Memorial Hospital - North Miss	13	7.34	13.70	56.46
Greenwood Leflore Hospital	20	8.41	13.13	42.07
Natchez Regional Medical Center	20	3.97	13.93	19.86
Northwest Miss Regional Med Center**	0	0	0.00	0.00
Anderson Regional Medical Center South	20	13.18	11.31	65.92
Singing River Hospital*	20	16.81	11.89	84.07
TOTALS	93	8.29	10.66	44.73

Singing River Hospital*-CON approved February 2013 to add 8 Level II CMR beds.

Northwest Mississippi Regional Medical Center** - placed 14 Beds in abeyance September 2013.

Source: 2013 Report on Hospitals, Mississippi State Department of Health

101 The Need for Comprehensive Medical Rehabilitation Services

A total of 246 Level I and 93 Level II rehabilitation beds were operational in Mississippi during FY 2013. Map 6-3 at the end of this chapter shows the location of all CMR facilities in the state. The state as a whole serves as a single service area when determining the need for comprehensive medical rehabilitation beds/services. Based on the bed need formula found in the criteria and standards section of this chapter, Mississippi currently needs six Level I beds; however, needs 104 additional Level II CMR beds.

102 The Need for Children's Comprehensive Medical Rehabilitation Services

No universally accepted methodology exists for determining the need of children's comprehensive medical rehabilitation services. The bed need methodology in the previous section addresses need for all types of comprehensive medical rehabilitation beds, including those for children.

CERTIFICATE OF NEED
CRITERIA AND STANDARDS
FOR
COMPREHENSIVE MEDICAL
REHABILITATION BEDS/SERVICES

103 Certificate of Need Criteria and Standards for Comprehensive Medical Rehabilitation Beds/Services

Note: Should the Mississippi State 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 State Department of Health.

103.01 Policy Statement Regarding Certificate of Need Applications for Comprehensive Medical Rehabilitation Beds/Services

1. Definition: Comprehensive Medical Rehabilitation Services provided in a freestanding comprehensive medical rehabilitation hospital or comprehensive medical rehabilitation distinct part unit are defined as intensive care providing a coordinated multidisciplinary approach to patients with severe physical disabilities that require an organized program of integrated services. These disabilities include: stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, fractures of the femur (hip fracture), brain injury, polyarthritis, including rheumatoid arthritis, or neurological disorders, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.

2. Planning Areas: The state as a whole shall serve as a single planning area for determining the need of comprehensive medical rehabilitation beds/services.

3. Comprehensive Medical Rehabilitation Services:

Level I - Level I comprehensive medical rehabilitation providers may provide treatment services for all rehabilitation diagnostic categories.

Level II - Level II comprehensive medical rehabilitation providers may provide treatment services for all rehabilitation diagnostic categories except: (1) spinal cord injuries, (2) congenital deformity, and (3) brain injury.

4. CMR Need Determination: The Mississippi State Department of Health shall determine the need for Level I comprehensive rehabilitation beds/services based upon a formula of 0.08 beds per 1,000 population for the state as a whole.

The Mississippi State Department of Health shall determine need for Level II comprehensive medical rehabilitation beds/services based upon a formula of 0.0623 beds per 1,000 population for the state as a whole. Table 6-3 shows the current need for comprehensive medical rehabilitation beds.

5. Present Utilization of Rehabilitation Services: When reviewing CON applications, the MSDH shall consider the utilization of existing services and the presence of valid CONs for services.

6. Minimum Sized Facilities/Units: Freestanding comprehensive medical rehabilitation facilities shall contain not less than 60 beds. Hospital-based Level I comprehensive medical rehabilitation units shall contain not less than 20 beds. If the established formula reveals a need for more than ten beds, the MSDH may consider a 20-bed (minimum sized) unit for approval. Hospital-based Level II comprehensive medical rehabilitation facilities are limited to a maximum of 30 beds. New Level II rehabilitation units shall not be located within a 45 mile radius of any other CMR facility.
7. Expansion of Existing CMR Beds: Before any additional CMR beds, for which CON review is required, are approved for any facility presently having CMR beds, the currently licensed CMR beds at said facility shall have maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period or at least 70 percent for the most recent two years.
8. Priority Consideration: When reviewing two or more competing CON applications, the MSDH shall use the following factors in the selection process, including, but not limited to, a hospital having a minimum of 160 licensed acute care beds as of January 1, 2000; the highest average daily census of the competing applications; location of more than 45 mile radius from an existing provider of comprehensive medical rehabilitation services; proposed comprehensive range of services; and the patient base needed to sustain a viable comprehensive medical rehabilitation service.
9. Children's Beds/Services: Should a CON applicant intend to serve children, the application shall include a statement to that effect.
10. Other Requirements: Applicants proposing to provide CMR beds/services shall meet all requirements set forth in CMS regulations as applicable, except where additional or different requirements, as stated in the *State Health Plan* or in the licensure regulations, are required. Level II comprehensive medical rehabilitation units are limited to a maximum size of 30 beds and must be more than a 45 mile radius from any other Level I or Level II rehabilitation facility.
11. Enforcement: In any case in which the MSDH finds a Level II Provider has failed to comply with the diagnosis and admission criteria as set forth above, the provider shall be subject to the sanctions and remedies as set forth in Section 41-7-209 of the Mississippi Code of 1972, as amended, and other remedies available to the MSDH in law or equity.
12. Effective July 1, 1994, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c), unless there is a projected need for such beds in the planning district in which the facility is located.
13. 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.

103.02 Certificate of Need Criteria and Standards for Comprehensive Medical Rehabilitation Beds/Services

The MSDH will review applications for a CON for the establishment, offering, or expansion of comprehensive medical rehabilitation beds and/or services under the statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code 1972, Annotated, as amended. The MSDH will also review applications for Certificate of Need according to the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi State Department of Health; and the specific criteria and standards listed below.

In addition, comprehensive rehabilitation services are reviewable if the proposed provider has not provided such services on a regular basis within twelve (12) months prior to the time such services would be offered. The twenty (20) bed hospital-based comprehensive medical rehabilitation facilities which are operational or approved on January 1, 2001, are *grandfathered* and shall not be required to obtain a Certificate of Need as long as the services are provided continuously by those facilities and are limited to the diagnoses set forth below for Level II comprehensive medical rehabilitation facilities.

1. Need Criterion:

- a. **New/Existing Comprehensive Medical Rehabilitation Beds/Services:** The need for Level I comprehensive medical rehabilitation beds in the state shall be determined using a methodology of 0.08 beds per 1,000 population. The state as a whole shall be considered as a single planning area.

The need for Level II comprehensive medical rehabilitation beds in the state shall be determined using a methodology of 0.0623 comprehensive medical rehabilitation beds per 1,000 population. The state as a whole shall be considered a planning area.

- b. **Projects which do not involve the addition of any CMR beds:** The applicant shall document the need for the proposed project. Documentation may consist of, but is not necessarily limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans (duly adopted by the governing board), recommendations made by consultant firms, and deficiencies cited by Accreditation Agencies (JCAHO, CAP).
- c. **Projects which involve the addition of beds:** The applicant shall document the need for the proposed project. Exception: Notwithstanding the service specific need requirements as stated in "a" above, the MSDH may approve additional beds for facilities which have maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period or at least 70 percent for the most recent two (2) years.
- d. **Level II Trauma Centers:** The applicant shall document the need for the proposed CMR project. Exception: Notwithstanding the forty-five (45) mile radius distance requirement from an existing CMR provider, the MSDH may approve the establishment of a 20-bed Level II CMR unit for any hospital without CMR beds which holds Level II Trauma care designation on July 1, 2003, as well as on the date the Certificate of Need application is filed.

- e. **Conversion of Level II CMR Beds to Level I CMR Beds:** An existing Level II CMR unit may convert no more than eight (8) beds to Level I CMR status if the Level II facility meets the following requirements:
 - (i) The Level II CMR unit demonstrates has maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period, as reported in the Mississippi State Health Plan.
 - (ii) The Level II CMR unit documents the need for Level I CMR status for up to eight (8) beds by documenting that the facility expects to have a minimum of sixty (60) patient admissions annually with the three Level I rehabilitation categories: (1) spinal cord injuries, (2) congenital deformity, and (3) brain injury. The documentation will include analysis of Level II CMR unit's patient data and other patient projections to show such expected admissions.
 - (iii) The Level II CMR unit shall document ability to treat the additional three Level I rehabilitation categories, including but not limited to, documenting compliance with the standards for Level I CMR units, Criterion 2 (Treatment and Programs) and Criterion 3 (Staffing and Services).
 - (iv) The Level II facility shall obtain the written support for the project from any Level I CMR facility within a 45 mile radius of the facility. The Department shall assess the potential of the project on any adverse impact on any Level I CMR facilities operating in the state and such assessment shall be continually reviewed by the Department. The Department may revoke or suspend any Level II CMR unit operating a Level I program for non-compliance or finding of adverse impact to any Level I CMR units or programs in the state.
- 2. Applicants proposing to establish Level I comprehensive medical rehabilitation services shall provide treatment and programs for one or more of the following conditions:
 - a. stroke,
 - b. spinal cord injury,
 - c. congenital deformity,
 - d. amputation,
 - e. major multiple trauma,
 - f. fractures of the femur (hip fracture),
 - g. brain injury,
 - h. polyarthritis, including rheumatoid arthritis, or
 - i. neurological disorders, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.

Applicants proposing to establish Level II comprehensive medical rehabilitation services shall be prohibited from providing treatment services for the following rehabilitation diagnostic categories: (1) spinal cord injury, (2) congenital deformity, and (3) brain injury.

Facilities providing Level I and Level II comprehensive medical rehabilitation services shall include on their *Annual Report of Hospitals* submitted to the MSDH the following information: total admissions, average length of stay by diagnosis, patient age, sex, race, zip code, payor source, and length of stay by diagnosis.

3. Staffing and Services

a. Freestanding Level I Facilities

i. Shall have a Director of Rehabilitation who:

- (1) provides services to the hospital and its inpatient clientele on a full-time basis;
- (2) is a Doctor of Medicine or Osteopathy licensed under state law to practice medicine or surgery; and
- (3) has had, after completing a one-year hospital internship, at least two years of training in the medical management of inpatients requiring rehabilitation services.

ii. The following services shall be provided by full-time designated staff:

- (1) speech therapy
- (2) occupational therapy
- (3) physical therapy
- (4) social services

iii. Other services shall be provided as required, but may be by consultant or on a contractual basis.

b. Hospital-Based Units

i. Both Level I and Level II hospital-based units shall have a Director of Rehabilitation who:

- (1) is a Doctor of Medicine or Osteopathy licensed under state law to practice medicine or surgery;
- (2) has had, after completing a one-year hospital internship, at least two years of training or experience in the medical management of inpatients requiring rehabilitation services; and

- (3) provides services to the unit and its inpatients for at least 20 hours per week.
- ii. The following services shall be available full time by designated staff:
 - (1) physical therapy
 - (2) occupational therapy
 - (3) social services
- iii. Other services shall be provided as required, but may be by consultant or on a contractual basis.

103.03 Certificate of Need Criteria and Standards for Children's Comprehensive Medical Rehabilitation Beds/Services

Until such time as specific criteria and standards are developed, the MSDH will review CON applications for the establishment of children's comprehensive medical rehabilitation services under the general criteria and standards listed in the *Mississippi Certificate of Need Review Manual* in effect at the time of submission of the application, and the preceding criteria and standards listed.

103.04 Comprehensive Medical Rehabilitation Bed Need Methodology

The determination of need for Level I CMR beds/services will be based on 0.08 beds per 1,000 population in the state as a whole for the year 2020. Table 6-3 presents Level I CMR bed need.

The determination of need for Level II CMR beds/services will be based on 0.0623 beds per 1,000 population in the state as a whole for the year 2020. Table 6-3 presents Level II CMR bed need.

**Table 6-3
Comprehensive Medical Rehabilitation Bed Need
2013**

Level	Estimated Population 2020	Aproved CMR Beds	CMR Beds Needed	Difference
Level I	3,156,054	246	252	6
Level II *	3,156,054	107	197	90

Level II*- Northwest Mississippi Regional Medical Center placed 14 Beds in abeyance September 2013.

Source: Applications for renewal of Hospital License for Fiscal Year 2013; *Mississippi Population Projections 2015, 2020, and 2025*, Center for Policy Research and Planning, Mississippi Institutions of Higher Learning, February 2012.

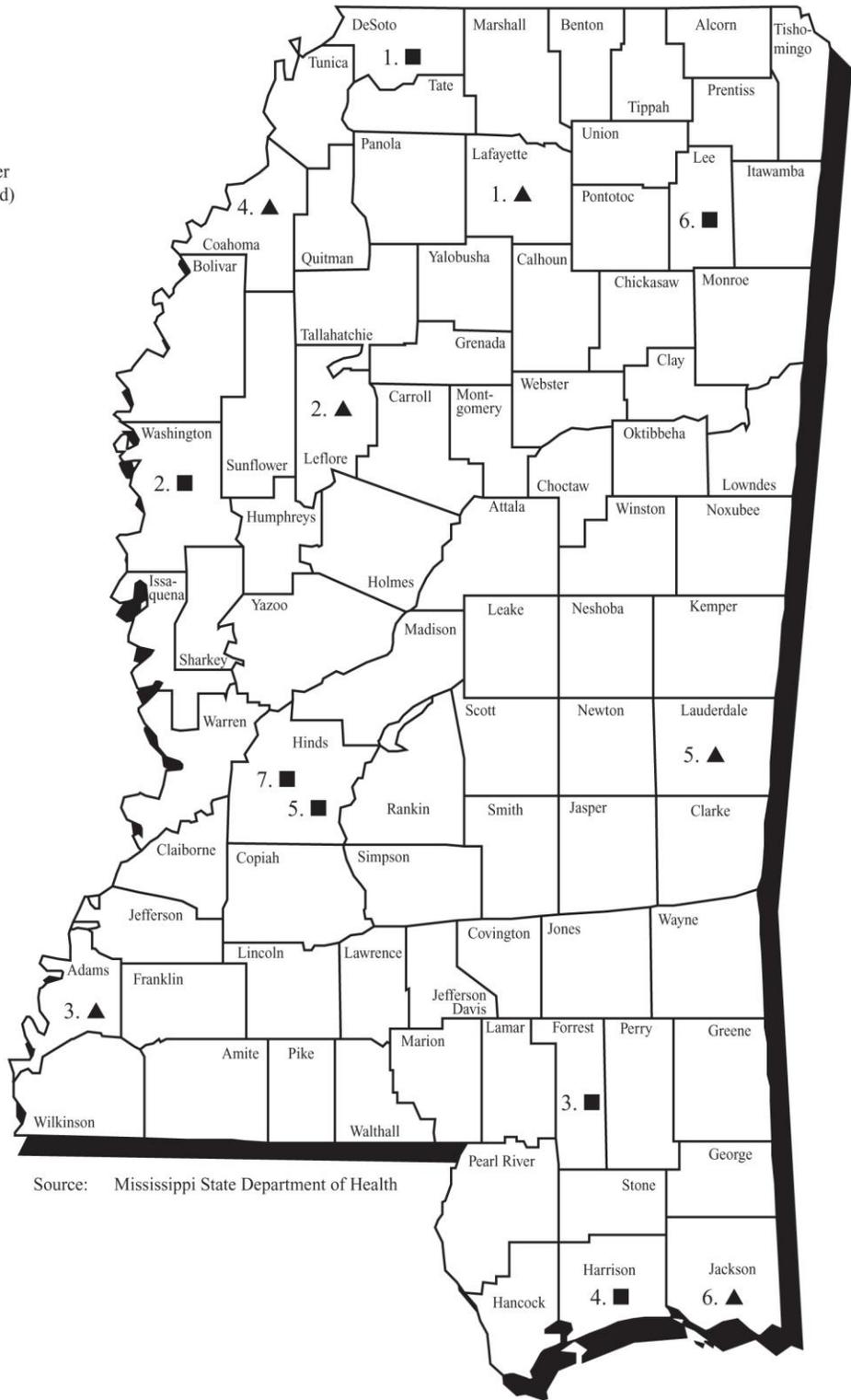
Map 6-1 Location of Comprehensive Medical Rehabilitation Facilities Level I and Level II

Level I: ■

- 1. ■ Baptist Memorial Hospital
DeSoto County
30 Bed Unit
- 2. ■ Delta Regional Medical Center
24 Bed Unit (8 CON Approved)
- 3. ■ Forrest General Hospital
24 Bed Unit
- 4. ■ Memorial Hospital
at Gulfport
33 Bed Unit
- 5. ■ Mississippi Methodist
Hospital and Rehabilitation
Center
80 Bed Unit
- 6. ■ North Mississippi
Medical Center
30 Bed Unit
(30 CON Approved)
- 7. ■ University Hospital
and Health System
25 Bed Unit

Level II: ▲

- 1. ▲ Baptist Memorial Hospital
North Mississippi
13 Bed Unit
- 2. ▲ Greenwood Leflore Hospital
20 Bed Unit
- 3. ▲ Natchez Regional
Medical Center
20 Bed Unit
- 4. ▲ Northwest MS Regional
Medical Center
14 Beds in Abeyance
- 5. ▲ Anderson Regional
Medical Center-South
20 Bed Unit
- 6. ▲ Singing River Hospital
20 Bed Unit
(8 CON Approved)



Source: Mississippi State Department of Health

104 Certificate of Need Criteria and Standards for Comprehensive Residential Medical Rehabilitation Beds/Services for Patients with Brain and Spinal Cord Injury (CR-BSCI)

Note: Should the Mississippi State 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 State Department of Health.

104.01 Policy Statement Regarding Certificate of Need Applications for Comprehensive Residential Rehabilitation Beds/Services for Patients with Brain and Spinal Cord Injury

1. Definitions:
 - (a) Comprehensive Residential Rehabilitation Services for Patients with Brain and Spinal Cord Injury are defined as a building or place which is devoted to the provision of residential treatment and rehabilitative care in a transitional living program or a life long living program for periods of continuing for twenty-four (24) hours or longer for persons who have-brain and/or spinal cord injury.
 - (b) A transitional living program is treatment and rehabilitative care delivered to brain and spinal cord injury patients who require education and training for independent living with a focus on compensation for skills which cannot be restored; such care prepares clients for maximum independence, teaches necessary skills for community interaction, works with clients pre-vocational and vocational training and stresses cognitive, speech, and behavioral therapies structured to the individual needs of patients.
 - (c) Life long living program is treatment and rehabilitative care as shall be delivered to brain and spinal cord injury patients who have been discharged from advanced treatment and rehabilitation, but who cannot live at home independently, and who require on-going lifetime support and rehabilitation.
 - (d) A brain injury is a traumatic or other insult to the brain and its related parts resulting in organic damage thereto that may cause physical, intellectual, emotional, social, and/or vocational changes in a person.
 - (e) A spinal cord injury is a traumatic or other damage to any part of the spinal cord or nerves at the end of the spinal canal resulting in a change, either temporary or permanent, in the cord's normal motor, sensory, or automatic function.

2. **Planning Areas:** The state as a whole shall serve as a single planning area for determining the need of comprehensive residential rehabilitation beds/services for patients with brain and spinal cord injury.
3. Any application for a CRR-BSCI shall document for the need for such a program in the state. Any application for an expansion through the addition of beds at a CRR-BSCI shall document an occupancy rate in excess of 70 percent for the most recent two (2) years.
4. **Present Utilization of Rehabilitation Services:** When reviewing CON applications for CRR-BSCI, the MSDH shall consider the utilization of existing services and the presence of valid CONs for services.
5. **Minimum Sized Facilities/Units:** CRR-BSCI facilities shall contain not less than 6 beds nor more than 30 beds. MSDH shall give a preference for CRR-BSCI facilities that are not located within a 45 mile radius of any other CRR-BSCI facility.
6. **Children's Beds/Services:** Should a CON applicant intend to serve children, the application shall include a statement to that effect.
7. **Other Requirements:** Applicants proposing to provide CRR-BSCI beds/services shall meet all requirements set forth in CMS regulations as applicable, except where additional or different requirements, as stated in the State Health Plan or in the licensure regulations, are required. There will be no CON's issued for CRR-BSCI facilities until regulations are adopted and approved by MSDH.
8. Effective July 1, 1994, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c), unless there is a projected need for such beds in the planning district in which the facility is located.
9. 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.

104.02 Certificate of Need Criteria and Standards for Comprehensive Residential Rehabilitation Beds/Services for Patients with Brain and Spinal Cord Injury (CRR-BSCI)

The MSDH will review applications for a CON for the establishment, offering, or expansion of comprehensive residential rehabilitation beds and/or services for patients with brain and spinal cord injury under the statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code 1972, Annotated, as amended. The MSDH will also review applications for Certificate of Need according to the general criteria listed in the Mississippi Certificate of Need Review Manual; all adopted rules, procedures, and plans of the Mississippi State Department of Health; and the specific criteria and standards listed below.

In addition, comprehensive rehabilitation services are reviewable if the proposed provider has not provided such services on a regular basis within twelve (12) months prior to the time such services would be offered.

1. Need Criterion:
 - a. New/Existing Comprehensive Residential Rehabilitation Beds/Services for Patients with Brain and Spinal Cord Injury: shall be determined considering the current and projected population of the state as whole and the current and project incidence of brain and spinal cord injury. The state as a whole shall be considered a planning area.
 - b. Projects which do not involve the addition of any CRR-BSCI beds: The applicant shall document the need for the proposed project. Documentation may consist of, but is not necessarily limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans (duly adopted by the governing board), recommendations made by consultant firms, and deficiencies cited by Accreditation Agencies (JCAHO, CAP).
 - c. Projects which involve the addition of beds: The applicant shall document the need for the proposed project. MSDH may approve additional beds for facilities which have maintained an occupancy rate of at least 70 percent for the most recent two (2) years.
2. Applicants proposing to establish comprehensive residential rehabilitation services for patients with brain and spinal cord injury shall demonstrate the ability to meet all CMS and state licensure requirements.

