



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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**MEMORANDUM**

**TO: Members of the Mississippi State Board of Health  
on the Certificate of Need (CON) Task Force**

**Ed Thompson, M.D., M.P.H.  
State Health Officer**

**Interested Parties**

**FROM: Donald E. Eicher, III, Director  
Office of Health Policy and Planning  
Rachel E. Pittman, Chief  
Division of Health Planning and Resource Development**

**DATE: January 5, 2009**

**Re: Issues and staff recommendations for January 7, 2009 meeting of the  
CON Task Force**

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Find attached the issues and recommendations of the staff of the Mississippi State Department of Health, Division of Health Planning and Resource Development to the Mississippi State Board of Health, CON Task Force to address issues for the FY 2010 Mississippi State Health Plan. Copies of the proposed issues and staff recommendations to the CON Task Force may be found on our website at [www.msdh.state.ms.us](http://www.msdh.state.ms.us) or [www.healthyMS.com](http://www.healthyMS.com), (choose Regulation and Licensure and click on Certificate of Need) and in the Office of Health Policy and Planning.

Written comments will be accepted during the period of January 5 2009 until noon on January 7, 2009. In addition, the CON Task Force will hold a public hearing on these matters in the Epidemiology Conference Room Fourth Floor, Osborne Building, at the Mississippi State Department of Health, 570 Woodrow Wilson Avenue, Jackson, Mississippi, on January 7, 2009, at 1:00 p.m. Also, the two teleconferencing sites are:

Public Health District 2 Office  
532 South Church Street  
Tupelo, MS

Public Health District 8 Office  
602 Adeline Street  
Hattiesburg, MS

# **TOPICS FOR TASK FORCE CONSIDERATION**

## **January 7, 2009**

### **STATE HEALTH PLAN CHANGES**

#### **1. General Acute Care Hospitals**

**Staff Recommendation: New Hospital Criteria for Discussion**

#### **2. Establishment of an End Stage Renal Disease (ESRD) Facility Need Criterion**

**Staff Recommendation:**

- a. Change shift requirement to two shifts per station.**
- b. Add criteria for addition of stations in place of Relative Risk.**
- c. Discuss lowering ESRD facility service area from 30 highway miles to 20 highway miles.**

## **INDEX FOR CON TASK FORCE TOPICS**

### **1. General Acute Care Hospitals**

- Proposed Certificate of Need Criteria and Standards for General Acute Care
- Hospital Utilization by GHSAs 1-9 and Number of Beds per 1,000

### **2. End Stage Renal Disease (ESRD)**

- Proposed Certificate of Need Criteria and Standards for End Stage Renal Disease Facilities
- ESRD Facilities Needed Statewide Map  
(Facility Locations, Number of Stations, and Prevalence)
- ESRD Facilities-30 Mile Radiuses (Buffers) Map
- ESRD Facilities-20 Mile Radiuses (Buffers) Map

# **GENERAL ACUTE CARE HOSPITALS**

## 100 Certificate of Need Criteria and Standards for General Acute Care

**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.

### 100.01 Policy Statement Regarding Certificate of Need Applications for General Acute Care Hospitals and General Acute Care Beds

1. Acute Care Hospital Need Methodology: With the exception of psychiatric, chemical dependency, and rehabilitation hospitals, the Mississippi State Department of Health (MSDH) will use the following methodologies to project the need for general acute care hospitals:
  - a. **Counties Without a Hospital** - The MSDH shall determine hospital need by multiplying the state's average annual occupied beds (1.72 in FY 2007) per 1,000 population by the estimated 2010 county population to determine the number of beds the population could utilize. A hospital with a maximum of 100 beds may be considered for approval if: (a) the number of beds needed is 100 or more; (b) there is strong community support for a hospital; and (c) a hospital can be determined to be economically feasible.
  - b. **Counties With Existing Hospitals** - The MSDH shall use the following formula to determine the need for an additional hospital in a county with an existing hospital:

$$ADC + K(\sqrt{ADC})$$

Where: ADC = Average Daily Census

K = Confidence Factor of 2.57

The formula is calculated for each facility within a given General Hospital Service Area (GHSA); then beds available and beds needed under the statistical application of the formula are totaled and subtracted to determine bed need or excess within each GHSA. Map 11-2 delineates the GHSAs. The MSDH may consider approval of a hospital with a maximum of 100 beds if: (a) the number of beds needed is 100 or more; (b) there is strong community support for a hospital; and (c) a hospital can be determined to be economically feasible.

- c. Counties Located in an Underdeveloped General Hospital Service Area and With a Rapidly Growing Population - Notwithstanding the need formula in b. above, any county with a population in excess of 140,000 people; projecting a population growth rate in excess of ten (10) percent over the next ten (10) year period; and its General Hospital Service Area does not presently exceed a factor of three (beds per 1,000 population); may be**

considered for a new acute care hospital not to exceed one hundred (100) beds, in that county.

Further, any person proposing a new hospital must meet the following conditions:

- 1.) Provide an amount of indigent care in excess of the average of the hospitals in the General Hospital Service Area as determined by the State Health Officer;
  - 2.) Provide an amount of Medicaid care in excess of the average of the hospitals in the General Hospital Service Area as determined by the State Health Officer;
  - 3.) Should the county in which the new hospital is proposed is adjacent to a county without a hospital, the applicant must establish outpatient services in the adjacent county without a hospital; and
  - 4.) (a) Pay an amount or participate in the Trauma Care System at a level to be determined by the Department;  
(b) Fully participate in the Trauma Care System at a level to be determined by the Department; or  
(c) Fully participate in the Trauma Care System at a level to be determined by the Department for a reasonable number of years to be determined by the State Health Officer.
2. Need in Counties without a Hospital: Seven counties in Mississippi do not have a hospital: Amite, Benton, Carroll, Issaquena, Itawamba, Kemper, and Tunica. Most of these counties do not have a sufficient population base to indicate a potential need for the establishment of a hospital, and all appear to receive sufficient inpatient acute care services from hospitals in adjoining counties.
  3. Expedited Review: The MSDH may consider an expedited review for Certificate of Need applications that address only license code deficiencies, project cost overruns, and relocation of facilities or services.
  4. Capital Expenditure: For the purposes of Certificate of Need review, transactions which are separated in time but planned to be undertaken within 12 months of each other and which are components of an overall long-range plan to meet patient care objectives shall be reviewed in their entirety without regard to their timing. For the purposes of this policy, the governing board of the facility must have duly adopted the long-range plan at least 12 months prior to the submission of the CON application.
  5. 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.

6. 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.

#### **100.02 Certificate of Need Criteria and Standards for the Establishment of a General Acute Care Hospital**

The Mississippi State Department of Health (MSDH) will review applications for a Certificate of Need to construct, develop, or otherwise establish a new hospital under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, 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 MSDH; and the specific criteria and standards listed below.

1. **Need Criterion: The applicant shall document a need for a general acute care hospital using the appropriate need methodology as presented in this section of the Plan. In addition, the applicant must meet the other conditions set forth in the need methodology.**
2. The application shall document that the applicant will provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.

#### **100.03 Certificate of Need Criteria and Standards for Construction, Renovation, Expansion, Capital Improvements, Replacement of Health Care Facilities, and Addition of Hospital Beds**

The Mississippi State Department of Health (MSDH) will review applications for a Certificate of Need for the addition of beds to a health care facility and projects for construction, renovation, expansion, or capital improvement involving a capital expenditure in excess of \$2,000,000 under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, 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 MSDH; and the specific criteria and standards listed below.

The construction, development, or other establishment of a new health care facility, the replacement and/or relocation of a health care facility or portion thereof, and changes of ownership of existing health care facilities are reviewable regardless of capital expenditure.

3. Need Criterion:

- a. **Projects which do not involve the addition of any acute care beds:** The applicant shall document the need for the proposed project. Documentation may consist of, but is not 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, etc.). In addition, for projects which involve construction, renovation, or expansion of emergency department facilities, the applicant shall include a statement indicating whether the hospital will participate in the statewide trauma system and describe the level of participation, if any.
  - b. **Projects which involve the addition of beds:** The applicant shall document the need for the proposed project. In addition to the documentation required as stated in Need Criterion (1)(a), the applicant shall document that the facility in question has maintained an occupancy rate of at least 70 percent for the most recent two (2) years.
4. **Bed Service Transfer/Reallocation/Relocation:** Applications proposing the transfer, reallocation, and/or relocation of a specific category or sub-category of bed/service from another facility as part of a renovation, expansion, or replacement project shall document that the applicant will meet all regulatory/licensure requirements for the type of bed/service being transferred/reallocated/relocated.
5. **Charity/Indigent Care:** The application shall affirm that the applicant will provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.
6. The application shall demonstrate that the cost of the proposed project, including equipment, is reasonable in comparison with the cost of similar projects in the state.
  - a. The applicant shall document that the cost per square foot (per bed if applicable) does not exceed the median construction costs, as determined by the MSDH, for similar projects in the state within the most recent 12-month period by more than 15 percent. The Glossary of this *Plan* provides the formulas to be used by MSDH staff in calculating the cost per square foot for construction and/or construction/renovation projects.
  - b. If equipment costs for the project exceed the median costs for equipment of similar quality by more than 15 percent, the applicant shall provide justification for the excessive costs. The median costs shall be based on projects submitted during the most recent six-month period and/or estimated prices provided by acceptable vendors.
7. The applicant shall specify the floor areas and space requirements, including the following factors:
  - a. The gross square footage of the proposed project in comparison to state and national norms for similar projects.
  - b. The architectural design of the existing facility if it places restraints on the proposed project.
  - c. Special considerations due to local conditions.

8. If the cost of the proposed renovation or expansion project exceeds 85 percent of the cost of a replacement facility, the applicant shall document their justification for rejecting the option of replacing said facility.
9. The applicant shall document the need for a specific service (i.e. perinatal, ambulatory care, psychiatric, etc.) using the appropriate service specific criteria as presented in this and other sections of the *Plan*.

## Hospital Utilization by GHSA 1-9 and the Number of Beds per 1,000

GHSA I											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop Beds/1000	2020 Pop. Beds/1000	2007 Adm.	Adm. per 1000 Pop. 2010	Adm. per 1000 Pop. 2020
DeSoto	<b>309</b>	55.91	148,614	175,168	26,554	17.87	2.08	1.76	11,605	78.09	66.25
Marshall	<b>40</b>	31.87	37,129	38,580	1,451	3.91	1.08	1.04	1,008	27.15	26.13
Panola	<b>76</b>	24.37	36,606	38,523	1,917	5.24		1.97	3,147	85.97	81.69
Tate	<b>77</b>	45.97	27,973	30,149	2,176	7.78	2.75	2.55	1,199	42.86	39.77
Tunica	<b>0</b>		10,304	11,237	933	9.05	-	-	-	-	-
<b>Total</b>	<b>502</b>	<b>39.53</b>	<b>260,626</b>	<b>293,657</b>	<b>33,031</b>	<b>12.67</b>	<b>1.93</b>	<b>1.71</b>	<b>16,959</b>	<b>65.07</b>	<b>57.75</b>

**Abbreviations:**

Occ. - Occupancy

GHSA-General Hospital Service Area

Pop.-Population

Diff.-Difference

Adm.-Admissions

GHSA II											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop Beds/1000	2020 Pop Beds/1000	2007 Adm.	Adm. per 1000 Pop 2010	Adm. per 1000 Pop 2020
Alcorn	145	49.19	34,983	35,221	238	0.68	4.14	4.12	7,219	206.36	204.96
Benton	0		7,545	7,282	(263)	(3.49)	-	-		-	-
Itawamba	0		24,059	26,114	2,055	8.54	-	-		-	-
Lee	554	62.17	77,577	79,220	1,643	2.12	7.14	6.99	29,212	376.55	368.75
Pontotoc	25	20.46	29,345	31,435	2,090	7.12	0.85	0.80	568	19.36	18.07
Prentiss	114	20.19	27,069	28,182	1,113	4.11	4.21	4.05	1,472	54.38	52.23
Tippah	45	26.42	21,502	22,105	603	2.80	2.09	2.04	953	44.32	43.11
Tishomingo	48	38.41	18,934	18,940	6	0.03	2.54	2.53	1,671	88.25	88.23
Union	153	27.18	27,130	28,527	1,397	5.15	5.64	5.36	4,022	148.25	140.99
<b>Total</b>	<b>1084</b>	<b>34.86</b>	<b>268,144</b>	<b>277,026</b>	<b>8,882</b>	<b>3.31</b>	<b>4.04</b>	<b>3.91</b>	<b>45,117</b>	<b>168.26</b>	<b>162.86</b>

GHSA III											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop. Beds/1000	2020 Pop. Beds/1000	2007 Adm.	Adm. per 1000 Pop. 2010	Adm. per 1000 Pop. 2020
Bolivar	165	38.08	38,216	37,017	(1,199)	(3.14)	4.32	4.46	5,918	154.86	159.87
Coahoma	181	44.49	28,977	28,467	(510)	(1.76)	6.25	6.36	6,471	223.32	227.32
Humphreys	34	38.16	11,529	12,103	574	4.98	2.95	2.81	891	77.28	73.62
Leflore	188	64.99	35,522	34,396	(1,126)	(3.17)	5.29	5.47	9,896	278.59	287.71
Quitman	33	38.81	10,395	10,910	515	4.95	3.17	3.02	1,475	141.90	135.20
Sunflower	84	36.14	33,626	33,652	26	0.08	2.50	2.50	3,330	99.03	98.95
Tallahatchie	9	26.21	14,058	13,889	(169)	(1.20)	0.64	0.65	231	16.43	16.63
Washington	318	27.63	57,624	53,972	(3,652)	(6.34)	5.52	5.89	9,302	161.43	172.35
<b>Total</b>	<b>1,012</b>	<b>39.31</b>	<b>229,947</b>	<b>224,406</b>	<b>(5,541)</b>	<b>(2.41)</b>	<b>4.40</b>	<b>4.51</b>	<b>37,514</b>	163.14	167.17

GHS IV											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop. Beds/1000	2020 Pop. Beds/1000	2007 Adm.	Adm. per 1000 Pop. 2010	Adm. per 1000 Pop. 2020
Calhoun	30	34.40	13,843	12,962	(881)	(6.36)	2.17	2.31	683	49.34	52.69
Carroll	0		10,704	10,753	49	0.46	-	-		-	-
Chickasaw	84	18.81	17,862	17,129	(733)	(4.10)	4.70	4.90	1,186	66.40	69.24
Choctaw	25	32.00	9,810	9,957	147	1.50	2.55	2.51	530	54.03	53.23
Clay	60	42.02	21,266	21,053	(213)	(1.00)	2.82	2.85	2,646	124.42	125.68
Grenada	156	33.95	23,157	23,634	477	2.06	6.74	6.60	3,967	171.31	167.85
Lafayette	204	60.17	42,892	47,014	4122	9.61	4.76	4.34	9,209	214.70	195.88
Lowndes	285	38.77	59,163	58,086	(1077)	(1.82)	4.82	4.91	8,588	145.16	147.85
Monroe	130	30.32	25,514	25,509	(5)	(0.02)	5.10	5.10	3,871	151.72	151.75
Montgomery	44	32.83	11,606	11,272	(334)	(2.88)	3.79	3.90	1,475	127.09	130.86
Noxubee	25	28.94	11,536	11,094	(442)	(3.83)	2.17	2.25	804	69.69	72.47
Oktibbeha	96	36.62	44,922	45,844	922	2.05	2.14	2.09	3,552	79.07	77.48
Webster	38	45.80	9,833	9,548	(285)	(2.90)	3.86	3.98	1,654	168.21	173.23
Winston	49	26.64	19,828	19,619	(209)	(1.05)	2.47	2.50	1,164	58.70	59.33
Yalobusha	26	37.36	12,944	13,057	113	0.87	2.01	1.99	832	64.28	63.72
<b>Total</b>	<b>1,252</b>	<b>35.62</b>	<b>334,880</b>	<b>336,531</b>	<b>1,651</b>	<b>0.49</b>	<b>3.74</b>	<b>3.72</b>	<b>40,161</b>	<b>119.93</b>	<b>119.34</b>

GHSA V											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop. Beds/1000	2020 Pop. Beds/1000	2007 Adm.	Adm. per 1000 Pop. 2010	Adm. per 1000 Pop. 2020
Attala	71	37.80	19,658	19,950	292	1.49	3.61	3.56	2,054	104.49	102.96
Claiborne	32	26.44	12,263	12,689	426	3.47	2.61	2.52	632	51.54	49.81
Copiah	35	50.56	30,466	31,739	1,273	4.18	1.15	1.10	1,004	32.95	31.63
Hinds	2,066	43.14	238,871	233,910	(4,961)	(2.08)	8.65	8.83	81,230	340.06	347.27
Holmes	35	33.12	20,866	21,457	591	2.83	1.68	1.63	891	42.70	41.52
Issaquena	0		2,463	2,606	143	5.81	-	-		-	-
Leake	25	21.48	21,942	22,675	733	3.34	1.14	1.10	692	31.54	30.52
Madison	67	32.31	89,684	100,345	10,661	11.89	0.75	0.67	2,080	23.19	20.73
Rankin	355	46.94	142,629	162,068	19,439	13.63	2.49	2.19	14,571	102.16	89.91
Scott	65	58.10	28,936	29,648	712	2.46	2.25	2.19	2,983	103.09	100.61
Sharkey	29	25.40	5,828	5,389	(439)	(7.53)	4.98	5.38	476	81.67	88.33
Simpson	99	41.42	28,834	29,965	1,131	3.92	3.43	3.30	3,714	128.81	123.94
Smith	0		15,503	15,280	(223)	(1.44)	-	-		-	-
Warren	261	54.62	47,428	46,772	(656)	(1.38)	5.50	5.58	12,946	272.96	276.79
Yazoo	35	54.90	29,065	30,667	1,602	5.51	1.20	1.14	1,518	52.23	49.50
<b>Total</b>	<b>3,175</b>	<b>40.48</b>	<b>734,436</b>	<b>765,160</b>	<b>30,724</b>	<b>4.18</b>	<b>4.32</b>	<b>4.15</b>	<b>124,791</b>	<b>169.91</b>	<b>163.09</b>

GHSA VI											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop. Beds/1000	2020 Pop. Beds/1000	2007 Adm.	Adm. per 1000 Pop. 2010	Adm. per 1000 Pop. 2020
Clarke	25	24.96	17,089	16,660	(429)	(2.51)	1.46	1.50	621	36.34	37.27
Kemper	0		11,033	11,400	367	3.33	-	-		-	-
Lauderdale	663	39.34	77,055	77,911	856	1.11	8.60	8.51	25,466	330.49	326.86
Neshoba	82	28.04	30,429	32,088	1,659	5.45	2.69	2.56	2,004	65.86	62.45
Newton	55	40.76	22,286	22,782	496	2.23	2.47	2.41	2,483	111.42	108.99
Wayne	80	44.56	21,525	22,010	485	2.25	3.72	3.63	2,796	129.90	127.03
<b>Total</b>	<b>905</b>	<b>35.53</b>	<b>179,417</b>	<b>182,851</b>	<b>3,434</b>	<b>1.91</b>	<b>5.04</b>	<b>4.95</b>	<b>33,370</b>	<b>185.99</b>	<b>182.50</b>

GHSA VII											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop. Beds/1000	2020 Pop. Beds/1000	2007 Adm.	Adm. per 1000 Pop. 2010	Adm. per 1000 Pop. 2020
Adams	260	38.94	30,497	28,156	(2,341)	(7.68)	8.53	9.23	8,191	268.58	290.91
Amite	0		13,303	13,343	40	0.30	-	-		-	-
Franklin	36	39.90	8,460	8,553	93	1.10	4.26	4.21	959	113.36	112.12
Jefferson	30	62.17	9,299	9,309	10	0.11	3.23	3.22	793	85.28	85.19
Lawrence	25	24.05	13,936	14,685	749	5.37	1.79	1.70	678	48.65	46.17
Lincoln	122	32.44	34,904	36,325	1,421	4.07	3.50	3.36	3,945	113.02	108.60
Pike	177	49.20	40,619	42,071	1,452	3.57	4.36	4.21	9,647	237.50	229.30
Walthall	25	41.63	14,944	15,079	135	0.90	1.67	1.66	1,142	76.42	75.73
Wilkerson	25	41.63	10,253	10,338	85	0.83	2.44	2.42	798	77.83	77.19
<b>Total</b>	<b>700</b>	<b>41.25</b>	<b>176,215</b>	<b>177,859</b>	<b>1,644</b>	<b>0.93</b>	<b>3.97</b>	<b>3.94</b>	<b>26,153</b>	<b>148.42</b>	<b>147.04</b>

GHSA VIII											
County	Licensed Hospital Beds	% Occ. Rate	2010 Pop.	2020 Pop.	2010-2020 Pop. Diff.	2010-2020 % Change	2010 Pop. Beds/1000	2020 Pop. Beds/1000	2007 Adm.	Adm. per 1000 Pop. 2010	Adm. per 1000 Pop. 2020
Covington	35	45.39	20,566	21,866	1,300	6.32	1.70	1.60	956	46.48	43.72
Forrest	400	62.28	78,869	83,168	4,299	5.45	5.07	4.81	24,967	316.56	300.20
Greene	3	12.33	15,573	17,369	1,796	11.53	0.19	0.17	83	5.33	4.78
Jasper	16	2.31	18,659	19,486	827	4.43	0.86	0.82	33	1.77	1.69
Jeff Davis	35	27.90	13,529	13,489	(40)	(0.30)	2.59	2.59	683	50.48	50.63
Jones	275	53.41	67,024	68,002	978	1.46	4.10	4.04	9,899	147.69	145.57
Lamar	211	62.27	46,891	52,673	5,782	12.33	4.50	4.01	10,077	214.90	191.31
Marion	51	33.21	25,514	25,509	(5)	(0.02)	2.00	2.00	1,450	56.83	56.84
Perry	30	31.72	13,060	13,748	688	5.27	2.30	2.18	585	44.79	42.55
<b>Total</b>	<b>1,056</b>	<b>36.76</b>	<b>299,685</b>	<b>315,310</b>	<b>15,625</b>	<b>5.21</b>	<b>3.52</b>	<b>3.35</b>	<b>48,733</b>	<b>162.61</b>	<b>154.56</b>

<b>GHSA IX</b>											
<b>County</b>	<b>Licensed Hospital Beds</b>	<b>% Occ. Rate</b>	<b>2010 Pop.</b>	<b>2020 Pop.</b>	<b>2010-2020 Pop. Diff.</b>	<b>2010-2020 % Change</b>	<b>2010 Pop. Beds/1000</b>	<b>2020 Pop. Beds/1000</b>	<b>2007 Adm.</b>	<b>Adm. per 1000 Pop. 2010</b>	<b>Adm. per 1000 Pop. 2020</b>
George	53	46.59	21,572	23,859	2,287	10.60	2.46	2.22	2,334	108.20	97.82
Hancock	47	53.10	49,548	54,294	4,746	9.58	0.95	0.87	2,450	49.45	45.12
Harrison	586	51.65	197,103	204,914	7,811	3.96	2.97	2.86	27,759	140.83	135.47
Jackson	521	43.98	140,832	148,645	7,813	5.55	3.70	3.50	16,814	119.39	113.12
Pearl River	24	2.47	55,302	59,834	4,532	8.20	0.43	0.40	2,483	44.90	41.50
Stone	25	18.03	15,605	16,872	1,267	8.12	1.60	1.48	537	34.41	31.83
<b>Total</b>	<b>1256</b>	<b>35.97</b>	<b>479,962</b>	<b>508,418</b>	<b>28,456</b>	<b>5.93</b>	<b>2.62</b>	<b>2.47</b>	<b>52,377</b>	<b>109.13</b>	<b>103.02</b>

# **END STAGE RENAL DISEASE (ESRD)**

**CHAPTER 13**  
**OTHER HEALTH SERVICES**

## **101 Certificate of Need Criteria and Standards for End Stage Renal Disease Facilities**

**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.

### **101.01 Policy Statement Regarding Certificate of Need Applications for the Establishment of End Stage Renal Disease (ESRD) Facilities**

10. Establishment of an ESRD Facility: The provision or proposed provision of maintenance dialysis services constitutes the establishment of an ESRD facility if the proposed provider has not provided those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered.
11. Annual Review Cycle: The MSDH shall accept and process CON applications proposing the establishment of ESRD facilities in accordance with the following review cycle:
  - a. Applications may be submitted only during the period beginning July 1 and ending September 1 (5:00 p.m.) each year.
  - b. All applications received during this period (July 1 through September 1 each year) which are deemed "complete" by October 1 of the year of submission, will be entered into the 90-day review cycle (October-December cycle).
  - c. The State Health Officer will make CON decisions on "complete" applications in the month of December each year.
  - d. Any CON application received other than in accordance with the above review cycle shall not be accepted by the Department, but shall be returned to the applicant.
12. Type of Review: CON applications for ESRD services shall be considered substantive as defined under the appropriate *Mississippi State Health Plan*, and "complete" competing applications from the same ESRD Facility Service Area shall be batched.
13. ESRD Facility Service Area: An ESRD Facility Service Area is defined as the area within thirty (30) highway miles of an existing or proposed ESRD facility. ESRD Facility Service Areas, including the Service Areas of existing facilities which overlap with the proposed Service Area, shall be used for planning purposes.

14. CON Approval: A CON application for the establishment of an ESRD facility shall be considered for approval only when each individual facility within an applicant's proposed ESRD Facility Service Area has maintained, at a minimum, an annual or prorated utilization rate of 80 percent as verified by the MSDH. The 12 months prior to the month of submission of the CON application shall be used to determine utilization, if such information is available and verifiable by the Department.
15. Need Threshold: For planning and CON purposes a need for an additional ESRD facility may exist when each individual operational ESRD station within a given ESRD Facility Service Area has maintained an annual utilization rate of 80 percent, i.e. an average of 749 dialyses per station per year.
16. Utilization Definitions:
  - a. Full Utilization: For planning and CON purposes, full (100 percent) utilization is defined as an average of ~~936~~ 624 dialyses per station per year.
  - b. Optimum Utilization: For planning and CON purposes, optimum (75 percent) utilization is defined as an average of ~~702~~ 468 dialyses per station per year.
  - c. Need Utilization: For planning and CON purposes, need (80 percent) utilization is defined as an average of ~~749~~ 499 dialyses per station per year.

These utilization definitions are based upon ~~three (3) shifts per day six (6) days per week, or eighteen (18) shifts per week.~~ two (2) shifts per day six (6) days per week, or twelve (12) shifts per week. Only equipment (peritoneal or hemodialysis) that requires staff assistance for dialysis and is in operation shall be counted in determining the utilization rate. Utilization of equipment in operation less than twelve (12) months shall be prorated for the period of time in actual use.

17. Outstanding CONs: ESRD facilities that have received CON approval but are not operational shall be considered to be operating at 50 percent, which is the minimum utilization rate for a facility the first year of operation.
18. Utilization Data: The Department may use any source of data, subject to verification by the Department, it deems appropriate to determine current utilization or projected utilization of services in existing or proposed ESRD facilities. The source of data may include, but is not limited to, Medicare Certification records maintained by the Division of Health Facilities Licensure and Certification, ESRD Network 8, Incorporated data, and Centers for Medicare and Medicaid Services (CMS) data.
19. Minimum Expected Utilization: It is anticipated that a new ESRD facility may not be able to reach optimum utilization (75 percent) of four ESRD stations during the initial phase of operation. Therefore, for the purposes of CON approval, an application must demonstrate how the applicant can reasonably expect to have 50 percent utilization of a minimum of four ESRD stations by the end of the first full year of operation; 65 percent utilization by the end of the second full year of operation; and 75 percent utilization by the end of the third full year of operation.
20. Minimum Size Facility: No CON application for the establishment of a new ESRD facility shall be approved for less than four (4) stations.

21. Non-Discrimination: An applicant shall affirm that within the scope of its available services, neither the facility nor its staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.
22. Indigent/Charity Care: An applicant shall be required to provide a "reasonable amount" of indigent/charity care as described in Chapter 1 of this *Plan*.
23. Staffing: The facility must meet, at a minimum, the requirements and qualifications for staffing as contained in 42 CFR 405.2100. In addition, the facility must meet all staffing requirements and qualifications contained in the service specific criteria and standards.
24. Federal Definitions: The definitions contained in 42 CFR 405.2100 through 405.2310 shall be used as necessary in conducting health planning and CON activities.
25. Affiliation with a Renal Transplant Center: ESRD facilities shall be required to enter into a written affiliation agreement with a renal transplant center.
26. Addition of ESRD Stations: The addition/expansion of ESRD stations shall be considered comparable to addition of beds and requires CON review. An ESRD provider may be granted a CON for addition of stations only if the applicant has maintained an 80 percent utilization of its current stations for the past twelve months or 75 percent for the most recent two years.

#### **101.02 Certificate of Need Criteria and Standards for End Stage Renal Disease (ESRD) Facilities**

The Mississippi State Department of Health will review applications for a Certificate of Need for the establishment of an ESRD facility under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MSDH will also review applications for Certificate of Need according to the general criteria as 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.

When a provider proposes to offer ESRD services in an ESRD facility service area where he does not currently provide services or proposes to transfer an existing ESRD unit(s) from a current location into a different ESRD facility service area, it will constitute the establishment of a new ESRD health care facility. (Note: The transfer of dialysis stations from an existing ESRD facility to any other location is a relocation of a health care facility or portion thereof and requires Certificate of Need review. Likewise, new dialysis stations placed into service at a site separate and distinct from an existing ESRD facility constitutes the establishment of a new health care facility and requires Certificate of Need review. Dialysis stations placed into service in an individual patient's home or residence, solely for the treatment of the individual patient concerned, are exempt from this regulation.)

*101.02.01 Establishment of an End Stage Renal Disease (ESRD) Facility*

- 27. Need Criterion:** An applicant proposing the establishment of a limited care renal dialysis facility or the relocation of a portion of an existing ESRD facility's dialysis stations to another location shall demonstrate, subject to verification by the Mississippi State Department of Health, that each individual existing ESRD facility in the proposed ESRD Facility Service Area has (a) maintained a minimum annual utilization rate of eighty (80) percent, ~~or (b) that the location of the proposed ESRD facility is in a county which does not currently have an existing ESRD facility but whose ESRD relative risk score using current ESRD Network 8 data is 1.5 or higher.~~ **has a need for eight (8) or more ESRD stations (based on the most recent Network 8 Data).** Note: ESRD Policy Statements 2, 4, 5, and 6 do not apply to criterion 1(b).

**e. (b) Projects which involve the addition of ESRD stations: The applicant shall document the need for additional ESRD stations . The Department may approve additional ESRD stations for facilities that have maintained at least an 80 percent utilization for the most recent 12 month reporting period or at least 75 percent for the most recent two (2) years.**

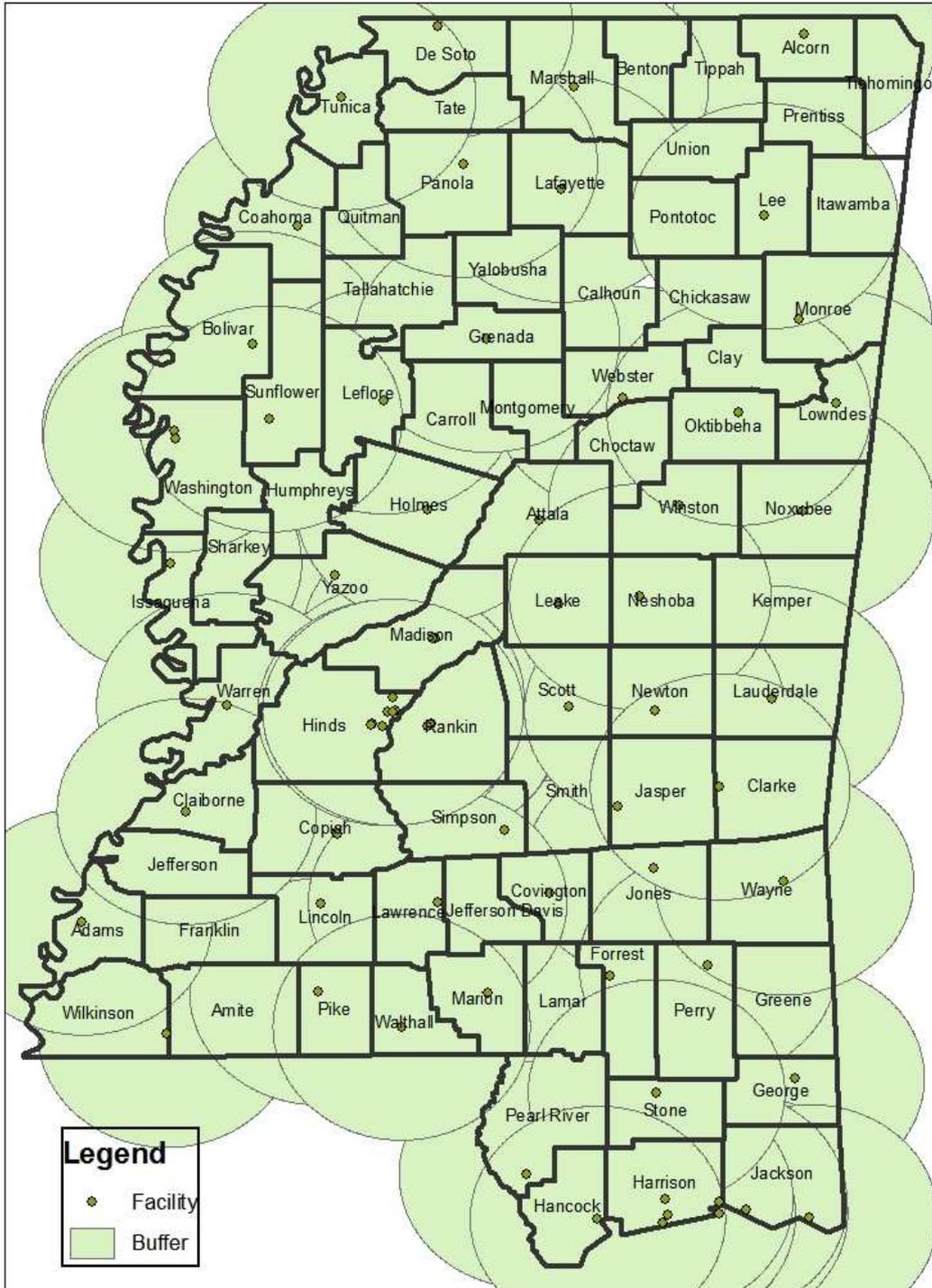
28. Number of Stations: The applicant shall state the number of ESRD stations that are to be located in the proposed facility. No new facility shall be approved for less than four (4) dialysis stations.
29. Minimum Utilization: The application shall demonstrate that the applicant can reasonably expect to meet the minimum utilization requirements as stated in ESRD Policy Statement #10.
30. Minimum Services: The application shall affirm that the facility will provide, at a minimum, social, dietetic, and rehabilitative services. Rehabilitative services may be provided on a referral basis.
31. Access to Needed Services: The application shall affirm that the applicant will provide for reasonable access to equipment/facilities for such needs as vascular access and transfusions required by stable maintenance ESRD patients.
32. Hours of Operation: The application shall state the facility's hours of operation each day of the week. The schedule should accommodate patients seeking services after normal working hours.
33. Home Training Program: The application shall affirm that the applicant will make a home training program available to those patients who are medically eligible and receptive to such a program. The application shall affirm that the applicant will counsel all patients on the availability of and eligibility requirements to enter the home/self-dialysis program.
34. Indigent/Charity Care: The application shall affirm that the applicant will provide a "reasonable amount" of indigent/charity care. The application shall also state the amount of indigent/charity care the applicant intends to provide.

35. Facility Staffing: The application shall describe the facility's staffing by category (i.e., registered nurse, technologist, technician, social worker, dietician) as follows:
  - a. Qualifications (minimum education and experience requirements)
  - b. Specific Duties
  - c. Full Time Equivalent (FTE) based upon expected utilization
36. Staffing Qualifications: The applicant shall affirm that the staff of the facility will meet, at a minimum, all requirements and qualifications as stated in 42 CFR, Chapter 4, Subpart U.
37. Staffing Time:
  - a. The applicant shall affirm that when the unit is in operation, at least one (1) R.N. will be on duty. There shall be a minimum of two (2) persons for each dialysis shift, one of which must be an R.N.
  - b. The applicant shall affirm that the medical director or a designated physician will be on-site or on-call at all times when the unit is in operation. It is desirable to have one other physician to supplement the services of the medical director.
  - c. The applicant shall affirm that when the unit is not in operation, the medical director or designated physician and a registered nurse will be on-call.
38. Data Collection: The application shall affirm that the applicant will record and maintain, at a minimum, the following utilization data and make this data available to the Mississippi State Department of Health as required. The time frame for the submission of the utilization data shall be established by the Department.
  - a. Utilization data, e.g., days of operation, shifts, inventory and classification of all stations, number of patients in dialysis, transplanted, or expired.
  - b. The number of charity/indigent patients (as defined in this *Plan*) served by the facility and the number of dialysis procedures provided to these patients free of charge or at a specified reduced rate.
39. Staff Training: The application shall affirm that the applicant will provide an ongoing program of training in dialysis techniques for nurses and technicians at the facility.
40. Scope of Privileges: The applicant shall affirm that the facility shall provide access to doctors of medicine or osteopathic medicine licensed by the State of Mississippi who possess qualifications established by the governing body of the facility.
41. Affiliation with a Renal Transplant Center: The applicant shall affirm that within one year of commencing operation the facility will enter into an affiliation agreement with a transplantation center. The written agreement shall describe the relationship between the transplantation facility and the ESRD facility and the specific services that the transplantation center will provide to patients of the ESRD facility. The agreement must include at least the following:

- a. time frame for initial assessment and evaluation of patients for transplantation,
- b. composition of the assessment/evaluation team at the transplant center,
- c. method for periodic re-evaluation,
- d. criteria by which a patient will be evaluated and periodically re-evaluated for transplantation, and
- e. signatures of the duly authorized persons representing the facilities and the agency providing the services.
- f. Furthermore, the application shall affirm that the applicant understands and agrees that failure to comply with this criterion may (after due process) result in revocation of the Certificate of Need.



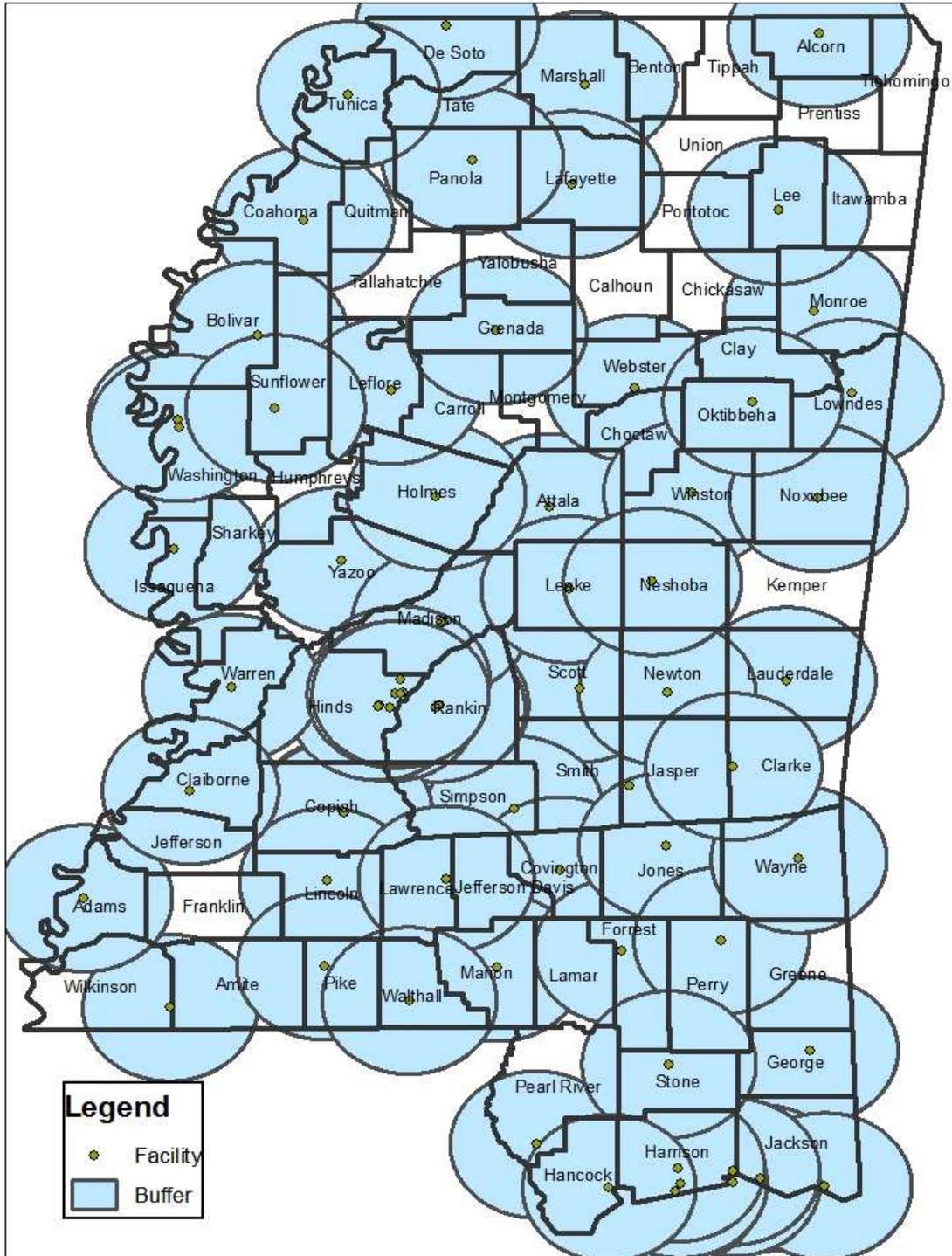
## End Stage Renal Disease Facilities 30 Mile Radiuses (Buffers)



Source: FY 2009 Mississippi State Department of Health, Division of Health Facilities Licensure and Certification, May 2008

01/06/2009

## End Stage Renal Disease Facilities 20 Mile Radiuses (Buffers)



Source: FY 2009 Mississippi State Department of Health, Division of Health Facilities Licensure and Certification, May 2008

01/06/2009