



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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: December 3, 2008

**Re: Issues and staff recommendations for December 10, 2008 meeting
of the CON Task Force**

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 or 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 December 3, 2008 to December 9, 2008. In addition, the CON Task Force will hold a public hearing on these matters in the Fourth Floor Executive Conference Room, Osborne Building, at the Mississippi State Department of Health, 570 Woodrow Wilson Avenue, Jackson, Mississippi, on December 10, 2008, at 10:00 a.m.

TOPICS FOR TASK FORCE CONSIDERATION

December 10, 2008

STATE PLAN CHANGES

1a. Hospital Service Areas

Staff Recommendation: Adoption of Proposed General Hospital Service Area B for 2010 State Health Plan.

1b. Long-Term Care

Staff Recommendation: No change necessary; Staff has put in place more information to be gathered on resident population including obesity.

2. Criteria Re: Indigent/Medicaid Care

Staff Recommendation: No change in policy; Staff has put in place better reporting of data on indigent and Medicaid from hospitals.

3. Criteria RE: Trauma System Participation

Staff Recommendation: Hold making any change in CON policy until after Trauma System changes.

4. Neonatal Intensive Care Bed Formula

Staff Recommendation: Revise Obstetrical Service Criteria and revise Neonatal Special Care Services Criteria.

5. PET/MRI Minimum Procedure Numbers

Staff Recommendation: No change necessary.

6. Establishment of an End Stage Renal Disease (ESRD) Facility Need Criterion

Staff Recommendation: Revise Criteria for counties without an ESRD facility to allow a new facility where need for stations in that county is at least 8 and new Criteria for addition of ESRD stations.

7. Changes to Mental Health Chapter of State Health Plan

Staff Recommendation: Continue using state as a whole for determining need for facilities and beds but, use planning areas for future facilities and beds and revise the bed need formula for PRTF.

8. Evaluation of General Economic Impact of CON Project

Staff Recommendation: Add evaluation of economic considerations to General Review Criteria.

INDEX FOR CON TASK FORCE TOPICS

1a. Hospital Service Areas

- Proposed General Hospital Service Areas A
- Proposed General Hospital Service Areas B

1b. Long-Term Care

2. Criteria Re: Indigent/Medicaid Care

3. Criteria Re: Trauma System Participation

4. Neonatal Intensive Care Bed Formula

- Certificate of Need Criteria and Standards for Obstetrical Services
- Certificate of Need Criteria and Standards for Neonatal Special Care Services
- Neonate Intensive Care Service Demand

5. PET/MRI Minimum Procedure Numbers

6. End Stage Renal Disease (ESRD)

- ESRD Facilities Needed Statewide
(Facility Locations, Number of Stations, Prevalence, and Relative Risk Counties)

7. Changes to Mental Health Chapter of State Health Plan

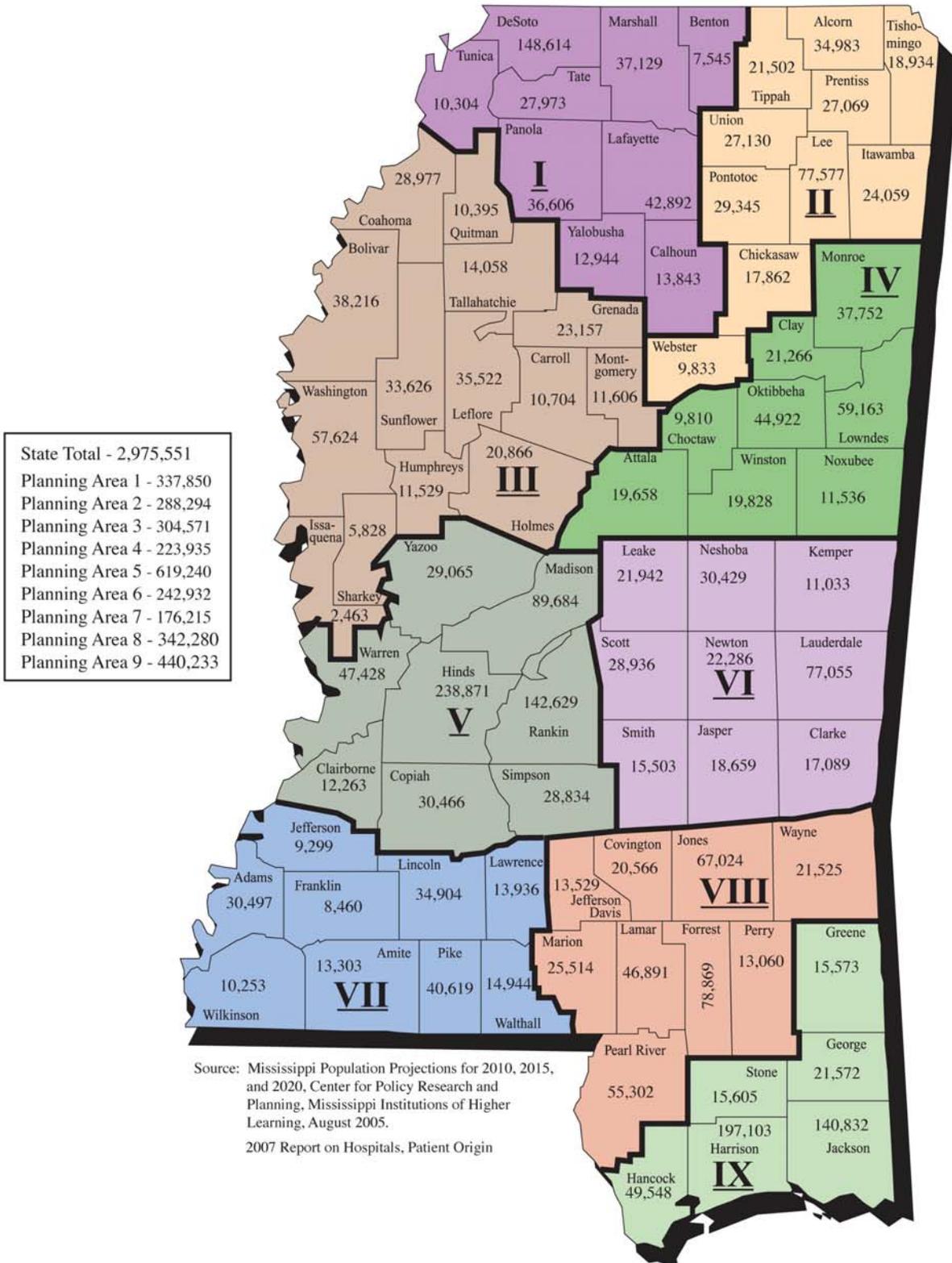
8. Evaluation of General Economic Impact of CON Project

1A. HOSPITAL SERVICE AREAS

Staff Recommendation:

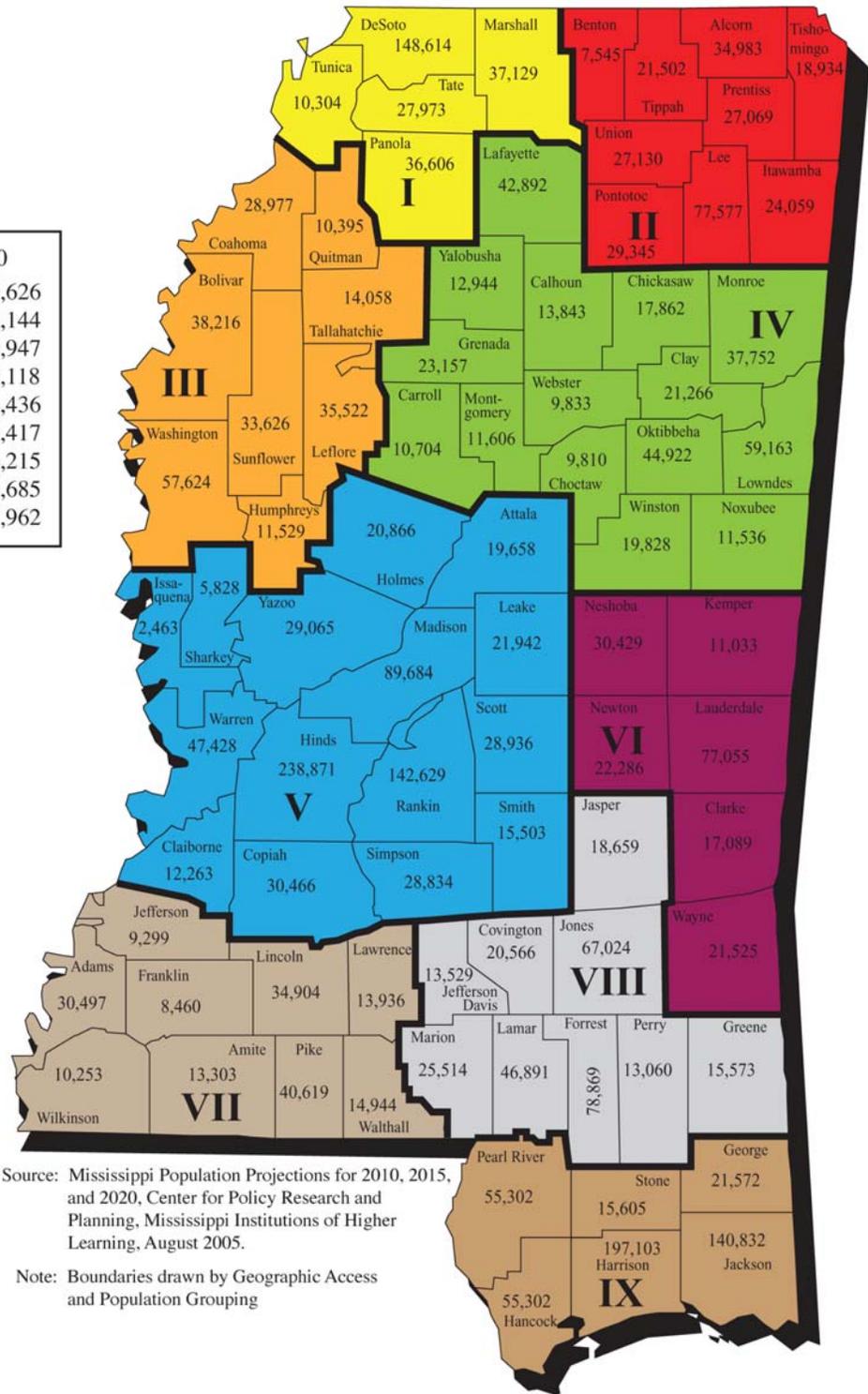
**Adoption of Proposed General Hospital Service Area B for
2010 State Health Plan.**

Proposed General Hospital Service Areas A



Proposed General Hospital Service Areas B

State Total - 2,975,550
Planning Area 1 - 260,626
Planning Area 2 - 268,144
Planning Area 3 - 229,947
Planning Area 4 - 347,118
Planning Area 5 - 734,436
Planning Area 6 - 179,417
Planning Area 7 - 176,215
Planning Area 8 - 299,685
Planning Area 9 - 479,962



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

Note: Boundaries drawn by Geographic Access and Population Grouping

ACUTE CARE HOSPITAL DATA - 2007 - Alternative A

<u>FACILITY</u>	<u>TYPE</u>	<u>CITY</u>	<u>County</u>	<u>GHSA</u>	<u>Licensed Beds</u>	<u>Needed Beds</u>	<u>Over (Under) Bedded</u>	<u>OCC RATE</u>	<u>ADC</u>
BAPTIST MEMORIAL HOSPITAL DESOTO	G/S	SOUTHAVEN	DeSoto	1	309	206.6	102.4	55.91	172.78
ALLIANCE HEALTHCARE SYSTEM	G/S	HOLLY SPRINGS	Marshall	1	40	21.9	18.1	31.87	12.75
NORTH OAK REGIONAL MEDICAL CENTER	G/S	SENATOBIA	Tate	1	76	29.6	46.4	24.37	18.52
TRI-LAKES MEDICAL CENTER	G/S	BATESVILLE	Panola	1	77	50.7	26.3	45.97	35.40
CALHOUN HEALTH SERVICES	G/S	CALHOUN CITY	Calhoun	1	30	18.6	11.4	34.40	10.32
BAPTIST MEMORIAL HOSPITAL NORTH MISS	G/S	OXFORD	Lafayette	1	204	151.2	52.8	60.17	122.74
YALOBUSHA GENERAL HOSPITAL	G/S	WATER VALLEY	Yalobusha	1	26	17.7	8.3	37.36	9.71
					762	496.3	265.7	50.10	382.22
BAPTIST MEMORIAL HOSPITAL BOONEVILLE	G/S	BOONEVILLE	Prentiss	2	114	35.4	78.6	20.19	23.02
BAPTIST MEMORIAL HOSPITAL UNION CO	G/S	NEW ALBANY	Union	2	153	58.2	94.8	27.18	41.58
TISHOMINGO HEALTH SERVICES	G/S	IUKA	Tishomingo	2	48	29.5	18.5	38.41	18.44
MAGNOLIA REGIONAL HEALTH CENTER	G/S	CORINTH	Alcorn	2	145	93.0	52.0	49.19	71.33
NORTH MISS MEDICAL CENTER	G/S	TUPELO	Lee	2	554	392.1	161.9	62.17	344.42
PONTOTOC HEALTH SERVICES	CAH	PONTOTOC	Pontotoc	2	25	10.9	14.1	20.46	5.12
TIPPAH COUNTY HOSPITAL	G/S	RIPLEY	Tippah	2	45	20.8	24.2	26.42	11.89
TRACE REGIONAL HOSPITAL	G/S	HOUSTON	Chickasaw	2	84	26.0	58.0	18.81	15.80
WEBSTER HEALTH SERVICES	G/S	EUPORA	Webster	2	38	32.7	5.3	55.13	20.95
					1,206	698.5	507.5	45.80	552.55

<u>FACILITY</u>	<u>TYPE</u>	<u>CITY</u>	<u>County</u>	<u>GHSA</u>	<u>Licensed Beds</u>	<u>Needed Beds</u>	<u>Over (Under) Bedded</u>	<u>OCC RATE</u>	<u>ADC</u>
BOLIVAR MEDICAL CENTER	G/S	CLEVELAND	Bolivar	3	165	83.2	81.8	38.08	62.84
GRENADA LAKE MEDICAL CENTER	G/S	GRENADA	Grenada	3	156	71.7	84.3	33.95	52.97
DELTA REGIONAL MED CTR WEST CAMPUS	G/S	GREENVILLE	Washington	3	97	15.7	81.3	8.29	8.05
DELTA REGIONAL MEDICAL CENTER	G/S	GREENVILLE	Washington	3	221	64.6	156.4	46.97	103.80
GREENWOOD LEFLORE HOSPITAL	G/S	GREENWOOD	Leflore	3	188	85.7	102.3	64.99	122.18
HUMPHREYS COUNTY MEMORIAL HOSPITAL	CAH	BELZONI	Humphreys	3	34	19.9	14.1	38.18	11.28
NORTHWEST MISS REGIONAL MEDICAL CENTER	G/S	CLARKSDALE	Coahoma	3	181	103.6	77.4	44.49	80.53
QUITMAN COUNTY HOSPITAL	CAH	MARKS	Quitman	3	33	22.0	11.0	38.81	12.81
SOUTH SUNFLOWER COUNTY HOSPITAL	G/S	INDIANOLA	Sunflower	3	49	31.4	17.6	40.73	19.96
NORTH SUNFLOWER MEDICAL CENTER	CAH	RULEVILLE	Sunflower	3	35	12.3	22.7	31.55	5.99
TALLAHATCHIE GENERAL HOSPITAL	CAH	CHARLESTON	Tallahatchie	3	9	6.3	2.7	26.21	2.36
UNIVERSITY HOSPITAL HOLMES COUNTY	CAH	LEXINGTON	Holmes	3	35	20.3	14.7	33.12	11.59
KILMICHAEL HOSPITAL	G/S	KILMICHAEL	Montgomery	3	19	12.3	6.7	31.55	5.99
TYLER HOLMES MEMORIAL HOSPITAL	CAH	WINONA	Montgomery	3	25	16.0	9.0	34.10	8.53
SHARKEY ISSAQUENA COMMUNITY HOSPITAL	G/S	ROLLING FORK	Sharkey	3	29	14.3	14.7	25.40	7.37
					1,276	579.4	696.6	40.44	516.25

FACILITY	TYPE	CITY	County	GHSA	Licensed Beds	Needed Beds	Over (Under) Bedded	OCC RATE	ADC
MONTFORT JONES MEMORIAL HOSPITAL	G/S	KOSCIUSKO	Attala	4	71	40.2	30.8	37.80	26.84
NORTH MS MED CTR WEST POINT	G/S	WEST POINT	Clay	4	60	38.1	21.9	42.02	25.21
CHOCTAW COUNTY MEDICAL CENTER	CAH	ACKERMAN	Choctaw	4	25	15.3	9.7	32.00	8.00
BAPTIST MEMORIAL HOSPITAL GOLDEN TRIANGL	G/S	COLUMBUS	Lowndes	4	285	137.5	147.5	38.77	110.50
GILMORE MEMORIAL REGIONAL MEDICAL CENTER	G/S	AMORY	Monroe	4	95	51.8	43.2	38.24	36.32
PIONEER COMMUNITY HOSPITAL OF ABERDEEN	CAH	ABERDEEN	Monroe	4	35	15.0	20.0	22.39	7.84
NOXUBEE GEN CRITICAL ACCESS HOSPITAL	CAH	MACON	Noxubee	4	25	14.2	10.8	28.94	7.24
OKTIBBEHA COUNTY HOSPITAL	G/S	STARKVILLE	Oktibbeha	4	96	50.6	45.4	36.82	35.34
WINSTON MEDICAL CENTER	G/S	LOUISVILLE	Winston	4	49	22.3	26.7	26.64	13.05
					741	385.0	356	36.48	270.34

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CLAIBORNE COUNTY HOSPITAL	CAH	PORT GIBSON	Claiborne	5	32	15.9	16.1	26.44	8.46
HARDY WILSON MEMORIAL HOSPITAL	G/S	HAZLEHURST	Copiah	5	35	28.5	6.5	50.56	17.68
CENTRAL MISS MEDICAL CENTER	G/S	JACKSON	Hinds	5	400	150.2	249.8	30.46	121.84
MISS BAPTIST MEDICAL CENTER	G/S	JACKSON	Hinds	5	541	326.0	215.0	52.26	282.75
MISS METHODIST REHAB CENTER	G/S	JACKSON	Hinds	5	44	2.1	41.9	0.93	0.41
ST DOMINIC-JACKSON MEMORIAL HOSPITAL	G/S	JACKSON	Hinds	5	417	315.5	101.5	65.48	273.04
UNIVERSITY HOSPITALS & CLINICS UM	G/S	JACKSON	Hinds	5	664	425.4	238.6	56.57	375.63
MADISON COUNTY MEDICAL CENTER	G/S	CANTON	Madison	5	67	33.5	33.5	32.31	21.58
RANKIN MEDICAL CENTER	G/S	BRANDON	Rankin	5	134	80.9	53.1	45.40	60.84
RIVER OAKS HOSPITAL	G/S	FLOWOOD	Rankin	5	110	102.2	7.8	72.12	79.33
WOMANS HOSPITAL AT RIVER OAKS	G/S	FLOWOOD	Rankin	5	111	39.0	72.0	23.31	25.88
MAGEE GENERAL HOSPITAL	G/S	MAGEE	Simpson	5	64	45.8	18.2	49.03	31.38
SIMPSON GENERAL HOSPITAL	CAH	MENDENHALL	Simpson	5	35	20.7	14.3	33.80	11.83
RIVER REGION HEALTH SYTEM	G/S	VICKSBURG	Warren	5	261	173.2	87.8	54.62	142.56
KINGS DAUGHTERS HOSPITAL OF YAZOO COUNTY	CAH	YAZOO CITY	Yazoo	5	35	30.5	4.5	54.90	19.21
					2,950	1,789.3	1,161	49.91	1,472.42

<u>FACILITY</u>	<u>TYPE</u>	<u>CITY</u>	<u>County</u>	<u>GHSA</u>	<u>Licensed Beds</u>	<u>Needed Beds</u>	<u>Over (Under) Bedded</u>	<u>OCC RATE</u>	<u>ADC</u>
H. C. WATKINS MEMORIAL HOSPITAL	CAH	QUITMAN	Clarke	6	25	12.7	12.3	24.96	6.24
ALLIANCE HEALTH CENTER	G/S	MERIDIAN	Lauderdale	6	68	23.2	44.8	20.15	13.70
JEFF ANDERSON REGIONAL MEDICAL CENTER	G/S	MERIDIAN	Lauderdale	6	260	192.8	67.2	61.65	160.30
RILEY HOSPITAL	G/S	MERIDIAN	Lauderdale	6	120	55.6	64.4	32.87	39.44
RUSH FOUNDATION HOSPITAL	G/S	MERIDIAN	Lauderdale	6	215	115.4	99.6	42.27	90.89
LEAKE MEMORIAL HOSPITAL	G/S	CARTHAGE	Leake	6	25	11.3	13.7	21.48	5.37
NESHOBA COUNTY GENERAL HOSPITAL	G/S	PHILADELPHIA	Neshoba	6	82	35.3	46.7	28.04	22.99
JASPER GENERAL HOSPITAL	G/S	BAY SPRINGS	Jasper	6	16	1.9	14.1	2.31	0.37
LAIRD HOSPITAL	G/S	UNION	Newton	6	25	16.1	8.9	35.45	8.56
NEWTON REGIONAL HOSPITAL	G/S	NEWTON	Newton	6	30	23.4	6.6	46.08	13.82
S E LACKEY CRITICAL ACCESS HOSPITAL	CAH	FOREST	Scott	6	35	33.8	1.2	62.25	21.79
SCOTT REGIONAL HOSPITAL	G/S	MORTON	Scott	6	30	26.5	3.5	53.94	16.18
					931	548.0	382.9887	42.93	399.65

FACILITY	TYPE	CITY	County	GHSA	BED NEED (By Facility / GHSA)			0.00	ADC
					Licensed Beds	Needed Beds	Over (Under) Bedded	OCC RATE	
NATCHEZ COMMUNITY HOSPITAL	G/S	NATCHEZ	Adams	7	101	62.4	38.6	44.67	45.11
NATCHEZ REGIONAL MEDICAL CENTER	G/S	NATCHEZ	Adams	7	159	71.5	87.5	33.21	52.80
FRANKLIN COUNTY MEMORIAL HOSPITAL	G/S	MEADVILLE	Franklin	7	36	24.1	11.9	39.90	14.36
JEFFERSON COUNTY HOSPITAL	G/S	FAYETTE	Jefferson	7	30	29.7	0.3	62.17	18.65
LAWRENCE COUNTY HOSPITAL	G/S	MONTICELLO	Lawrence	7	25	12.3	12.7	24.05	6.01
KINGS DAUGHTERS MEDICAL CENTER	G/S	BROOKHAVEN	Lincoln	7	122	55.7	66.3	32.44	39.58
BEACHAM MEMORIAL HOSPITAL	G/S	MAGNOLIA	Pike	7	37	27.2	9.8	45.17	16.71
SOUTHWEST MISS REGIONAL MEDICAL CENTER	G/S	MCCOMB	Pike	7	140	102.8	37.2	53.24	79.86
FIELD MEMORIAL COMMUNITY HOSPITAL	CAH	CENTREVILLE	Wilkinson	7	25	14.9	10.1	31.04	7.76
WALTHALL COUNTY GENERAL HOSPITAL	G/S	TYLERTOWN	Walthall	7	25	18.7	6.3	41.63	10.41
					700	419.4	281	41.61	291.25

FACILITY	TYPE	CITY	County	GHSA	BED NEED (By Facility / GHSA)			0.00	ADC
					Licensed Beds	Needed Beds	Over (Under) Bedded	OCC RATE	
COVINGTON COUNTY HOSPITAL	G/S	COLLINS	Covington	8	35	26.1	8.9	45.39	15.88
FORREST GENERAL HOSPITAL	G/S	HATTIESBURG	Forrest	8	400	289.7	110.3	62.28	249.12
WAYNE GENERAL HOSPITAL	G/S	WAYNESBORO	Wayne	8	80	51.0	29.0	44.56	35.65
JEFFERSON DAVIS COMM HOSPITAL	G/S	PRENTISS	Jeff Davis	8	35	17.8	17.2	27.90	9.76
MARION GENERAL HOSPITAL	G/S	COLUMBIA	Marion	8	51	27.5	23.5	33.21	16.94
PERRY COUNTY GENERAL HOSPITAL	CAH	RIGHTON	Perry	8	30	17.4	12.6	31.72	9.52
SOUTH CENTRAL REGIONAL MEDICAL CENTER	G/S	LAUREL	Jones	8	275	178.0	97.0	53.41	146.88
WESLEY MEDICAL CENTER	G/S	HATTIESBURG	Lamar	8	211	160.8	50.2	62.27	131.39
					1,117	768.4	348.5682	55.07	615.14

BILOXI REGIONAL MEDICAL CENTER	G/S	BILOXI	Harrison	9	153	100.7	52.3	50.96	77.98
GARDEN PARK MEDICAL CENTER	G/S	GULFPORT	Harrison	9	130	63.8	66.2	35.59	46.27
GEORGE COUNTY HOSPITAL	G/S	LUCEDALE	George	9	53	37.5	15.5	46.59	24.69
HANCOCK MEDICAL CENTER	G/S	BAY ST LOUIS	Hancock	9	47	37.8	9.2	53.10	24.96
HIGHLAND COMMUNITY HOSPITAL	G/S	PICAYUNE	Pearl River	9	95	28.5	66.5	18.65	17.72
MEMORIAL HOSPITAL AT GULFPORT	G/S	GULFPORT	Harrison	9	303	244.3	58.7	68.39	207.28
OCEAN SPRINGS HOSPITAL	G/S	OCEAN SPRINGS	Jackson	9	136	109.7	26.3	63.12	85.84
PEARL RIVER COUNTY HOSPITAL	G/S	POPLARVILLE	Pearl River	9	24	2.6	21.4	2.47	0.59
SINGING RIVER HOSPITAL	G/S	PASCAGOULA	Jackson	9	385	120.7	264.3	24.83	95.60
STONE COUNTY HOSPITAL	CAH	WIGGINS	Stone	9	25	10.0	15.0	18.03	4.51
					1,351	755.4	595.5833	43.33	585.44

ACUTE CARE HOSPITAL DATA - 2007 - Alternative B

FACILITY	TYPE	CITY	County	GHSA	BED NEED (By Facility / GHSA)			0.00	ADC
					Licensed Beds	Needed Beds	Over (Under) Bedded	OCC RATE	
BAPTIST MEMORIAL HOSPITAL DESOTO	G/S	SOUTHAVEN	DeSoto	1	309	206.6	102.4	55.91	172.78
ALLIANCE HEALTHCARE SYSTEM	G/S	HOLLY SPRINGS	Marshall	1	40	21.9	18.1	31.87	12.75
NORTH OAK REGIONAL MEDICAL CENTER	G/S	SENATOBIA	Tate	1	76	29.6	46.4	24.37	18.52
TRI-LAKES MEDICAL CENTER	G/S	BATESVILLE	Panola	1	77	50.7	26.3	45.97	35.40
					502	308.8	193.2	47.70	239.40
BAPTIST MEMORIAL HOSPITAL BOONEVILLE	G/S	BOONEVILLE	Prentiss	2	114	35.4	78.6	20.19	23.02
BAPTIST MEMORIAL HOSPITAL UNION CO	G/S	NEW ALBANY	Union	2	153	58.2	94.8	27.18	41.58
TISHOMINGO HEALTH SERVICES	G/S	IUKA	Tishomingo	2	48	29.5	18.5	38.41	18.44
MAGNOLIA REGIONAL HEALTH CENTER	G/S	CORINTH	Alcorn	2	145	93.0	52.0	49.19	71.33
NORTH MISS MEDICAL CENTER	G/S	TUPELO	Lee	2	554	392.1	161.9	62.17	344.42
PONTOTOC HEALTH SERVICES	CAH	PONTOTOC	Pontotoc	2	25	10.9	14.1	20.46	5.12
TIPPAH COUNTY HOSPITAL	G/S	RIPLEY	Tippah	2	45	20.8	24.2	26.42	11.89
					1,084	639.8	444.2	47.60	515.80
BOLIVAR MEDICAL CENTER	G/S	CLEVELAND	Bolivar	3	165	83.2	81.8	38.08	62.84
DELTA REGIONAL MED CTR WEST CAMPUS	G/S	GREENVILLE	Washington	3	97	15.7	81.3	8.29	8.05
DELTA REGIONAL MEDICAL CENTER	G/S	GREENVILLE	Washington	3	221	64.6	156.4	46.97	103.80
GREENWOOD LEFLORE HOSPITAL	G/S	GREENWOOD	Leflore	3	188	85.7	102.3	64.99	122.18
HUMPHREYS COUNTY MEMORIAL HOSPITAL	CAH	BELZONI	Humphreys	3	34	19.9	14.1	38.18	11.28
NORTHWEST MISS REGIONAL MEDICAL CENTER	G/S	CLARKSDALE	Coahoma	3	181	103.6	77.4	44.49	80.53
QUITMAN COUNTY HOSPITAL	CAH	MARKS	Quitman	3	33	22.0	11.0	38.81	12.81
SOUTH SUNFLOWER COUNTY HOSPITAL	G/S	INDIANOLA	Sunflower	3	49	31.4	17.6	40.73	19.96
NORTH SUNFLOWER MEDICAL CENTER	CAH	RULEVILLE	Sunflower	3	35	12.3	22.7	31.55	5.99
TALLAHATCHIE GENERAL HOSPITAL	CAH	CHARLESTON	Tallahatchie	3	9	6.3	2.7	26.21	2.36
					1,012	444.7	567.3	42.50	429.80

					BED NEED (By Facility / GHSA)			0.00		
FACILITY	TYPE	CITY	County	GHSA	Licensed Beds	Needed Beds	Over (Under) Bedded	OCC RATE	ADC	
BAPTIST MEMORIAL HOSPITAL GOLDEN TRIANGL	G/S	COLUMBUS	Lowndes	4	285	137.5	147.5	38.77	110.50	
BAPTIST MEMORIAL HOSPITAL NORTH MISS	G/S	OXFORD	Lafayette	4	204	151.2	52.8	60.17	122.74	
CHOCTAW COUNTY MEDICAL CENTER	CAH	ACKERMAN	Choctaw	4	25	15.3	9.7	32.00	8.00	
GILMORE MEMORIAL REGIONAL MEDICAL CENTER	G/S	AMORY	Monroe	4	95	51.8	43.2	38.24	36.32	
GRENADA LAKE MEDICAL CENTER	G/S	GRENADA	Grenada	4	156	71.7	84.3	33.95	52.97	
NORTH MS MED CTR WEST POINT	G/S	WEST POINT	Clay	4	60	38.1	21.9	42.02	25.21	
NOXUBEE GEN CRITICAL ACCESS HOSPITAL	CAH	MACON	Noxubee	4	25	14.2	10.8	28.94	7.24	
OKTIBBEHA COUNTY HOSPITAL	G/S	STARKVILLE	Oktibbeha	4	96	50.6	45.4	36.82	35.34	
PIONEER COMMUNITY HOSPITAL OF ABERDEEN	CAH	ABERDEEN	Monroe	4	35	15.0	20.0	22.39	7.84	
TRACE REGIONAL HOSPITAL	G/S	HOUSTON	Chickasaw	4	84	26.0	58.0	18.81	15.80	
WEBSTER HEALTH SERVICES	G/S	EUPORA	Webster	4	38	32.7	5.3	55.13	20.95	
WINSTON MEDICAL CENTER	G/S	LOUISVILLE	Winston	4	49	22.3	26.7	26.64	13.05	
YALOBUSHA GENERAL HOSPITAL	G/S	WATER VALLEY	Yalobusha	4	26	17.7	8.3	37.36	9.71	
KILMICHAEL HOSPITAL	G/S	KILMICHAEL	Montgomery	4	19	12.3	6.7	31.55	5.99	
CALHOUN HEALTH SERVICES	G/S	CALHOUN CITY	Calhoun	4	30	18.6	11.4	34.40	10.32	
TYLER HOLMES MEMORIAL HOSPITAL	CAH	WINONA	Montgomery	4	25	16.0	9.0	34.10	8.53	
					1,252	691.1	560.9237	39.20	490.50	

FACILITY	TYPE	CITY	County	GHSA	BED NEED (By Facility / GHSA)			0.00	OCC RATE	ADC
					Licensed Beds	Needed Beds	Over (Under) Bedded			
UNIVERSITY HOSPITAL HOLMES COUNTY	CAH	LEXINGTON	Holmes	5	35	20.3	14.7	33.12	11.59	
CENTRAL MISS MEDICAL CENTER	G/S	JACKSON	Hinds	5	400	150.2	249.8	30.46	121.84	
CLAIBORNE COUNTY HOSPITAL	CAH	PORT GIBSON	Claiborne	5	32	15.9	16.1	26.44	8.46	
HARDY WILSON MEMORIAL HOSPITAL	G/S	HAZLEHURST	Copiah	5	35	28.5	6.5	50.56	17.68	
KINGS DAUGHTERS HOSPITAL OF YAZOO COUNTY	CAH	YAZOO CITY	Yazoo	5	35	30.5	4.5	54.90	19.21	
LEAKE MEMORIAL HOSPITAL	G/S	CARTHAGE	Leake	5	25	11.3	13.7	21.48	5.37	
MADISON COUNTY MEDICAL CENTER	G/S	CANTON	Madison	5	67	33.5	33.5	32.31	21.58	
MAGEE GENERAL HOSPITAL	G/S	MAGEE	Simpson	5	64	45.8	18.2	49.03	31.38	
MISS BAPTIST MEDICAL CENTER	G/S	JACKSON	Hinds	5	541	326.0	215.0	52.26	282.75	
MISS METHODIST REHAB CENTER	G/S	JACKSON	Hinds	5	44	2.1	41.9	0.93	0.41	
MONTFORT JONES MEMORIAL HOSPITAL	G/S	KOSCIUSKO	Attala	5	71	40.2	30.8	37.80	26.84	
RANKIN MEDICAL CENTER	G/S	BRANDON	Rankin	5	134	80.9	53.1	45.40	60.84	
RIVER OAKS HOSPITAL	G/S	FLOWOOD	Rankin	5	110	102.2	7.8	72.12	79.33	
RIVER REGION HEALTH SYTEM	G/S	VICKSBURG	Warren	5	261	173.2	87.8	54.62	142.56	
S E LACKEY CRITICAL ACCESS HOSPITAL	CAH	FOREST	Scott	5	35	33.8	1.2	62.25	21.79	
SCOTT REGIONAL HOSPITAL	G/S	MORTON	Scott	5	30	26.5	3.5	53.94	16.18	
SHARKEY ISSAQUENA COMMUNITY HOSPITAL	G/S	ROLLING FORK	Sharkey	5	29	14.3	14.7	25.40	7.37	
SIMPSON GENERAL HOSPITAL	CAH	MENDENHALL	Simpson	5	35	20.7	14.3	33.80	11.83	
ST DOMINIC-JACKSON MEMORIAL HOSPITAL	G/S	JACKSON	Hinds	5	417	315.5	101.5	65.48	273.04	
UNIVERSITY HOSPITALS & CLINICS UM	G/S	JACKSON	Hinds	5	664	425.4	238.6	56.57	375.63	
WOMANS HOSPITAL AT RIVER OAKS	G/S	FLOWOOD	Rankin	5	111	39.0	72.0	23.31	25.88	
					3,175	1,935.8	1239.188	49.20	1561.60	

FACILITY	TYPE	CITY	County	GHSA	BED NEED (By Facility / GHSA)			0.00	ADC
					Licensed Beds	Needed Beds	Over (Under) Bedded	OCC RATE	
ALLIANCE HEALTH CENTER	G/S	MERIDIAN	Lauderdale	6	68	23.2	44.8	20.15	13.70
H. C. WATKINS MEMORIAL HOSPITAL	CAH	QUITMAN	Clarke	6	25	12.7	12.3	24.96	6.24
JEFF ANDERSON REGIONAL MEDICAL CENTER	G/S	MERIDIAN	Lauderdale	6	260	192.8	67.2	61.65	160.30
LAIRD HOSPITAL	G/S	UNION	Newton	6	25	16.1	8.9	35.45	8.56
NESHOBA COUNTY GENERAL HOSPITAL	G/S	PHILADELPHIA	Neshoba	6	82	35.3	46.7	28.04	22.99
NEWTON REGIONAL HOSPITAL	G/S	NEWTON	Newton	6	30	23.4	6.6	46.08	13.82
RILEY HOSPITAL	G/S	MERIDIAN	Lauderdale	6	120	55.6	64.4	32.87	39.44
RUSH FOUNDATION HOSPITAL	G/S	MERIDIAN	Lauderdale	6	215	115.4	99.6	42.27	90.89
WAYNE GENERAL HOSPITAL	G/S	WAYNESBORO	Wayne	6	80	51.0	29.0	44.56	35.65
					905	525.4	379.557	43.30	391.60
BEACHAM MEMORIAL HOSPITAL	G/S	MAGNOLIA	Pike	7	37	27.2	9.8	45.17	16.71
FIELD MEMORIAL COMMUNITY HOSPITAL	CAH	CENTREVILLE	Wilkinson	7	25	14.9	10.1	31.04	7.76
FRANKLIN COUNTY MEMORIAL HOSPITAL	G/S	MEADVILLE	Franklin	7	36	24.1	11.9	39.90	14.36
JEFFERSON COUNTY HOSPITAL	G/S	FAYETTE	Jefferson	7	30	29.7	0.3	62.17	18.65
KINGS DAUGHTERS MEDICAL CENTER	G/S	BROOKHAVEN	Lincoln	7	122	55.7	66.3	32.44	39.58
LAWRENCE COUNTY HOSPITAL	G/S	MONTICELLO	Lawrence	7	25	12.3	12.7	24.05	6.01
NATCHEZ COMMUNITY HOSPITAL	G/S	NATCHEZ	Adams	7	101	62.4	38.6	44.67	45.11
NATCHEZ REGIONAL MEDICAL CENTER	G/S	NATCHEZ	Adams	7	159	71.5	87.5	33.21	52.80
SOUTHWEST MISS REGIONAL MEDICAL CENTER	G/S	MCCOMB	Pike	7	140	102.8	37.2	53.24	79.86
WALTHALL COUNTY GENERAL HOSPITAL	G/S	TYLERTOWN	Walthall	7	25	18.7	6.3	41.63	10.41
					700	419.4	280.5843	41.60	291.30

FACILITY	TYPE	CITY	County	GHSA	BED NEED (By Facility / GHSA)			0.00	ADC
					Licensed Beds	Needed Beds	Over (Under) Bedded	OCC RATE	
COVINGTON COUNTY HOSPITAL	G/S	COLLINS	Covington	8	35	26.1	8.9	45.39	15.88
FORREST GENERAL HOSPITAL	G/S	HATTIESBURG	Forrest	8	400	289.7	110.3	62.28	249.12
JASPER GENERAL HOSPITAL	G/S	BAY SPRINGS	Jasper	8	16	1.9	14.1	2.31	0.37
JEFFERSON DAVIS COMM HOSPITAL	G/S	PRENTISS	Jeff Davis	8	35	17.8	17.2	27.90	9.76
MARION GENERAL HOSPITAL	G/S	COLUMBIA	Marion	8	51	27.5	23.5	33.21	16.94
PERRY COUNTY GENERAL HOSPITAL	CAH	RIGHTON	Perry	8	30	17.4	12.6	31.72	9.52
SOUTH CENTRAL REGIONAL MEDICAL CENTER	G/S	LAUREL	Jones	8	275	178.0	97.0	53.41	146.88
WESLEY MEDICAL CENTER	G/S	HATTIESBURG	Lamar	8	211	160.8	50.2	62.27	131.39
					1,053	719.4	333.6298	55.10	579.80
BILOXI REGIONAL MEDICAL CENTER	G/S	BILOXI	Harrison	9	153	100.7	52.3	50.96	77.98
GARDEN PARK MEDICAL CENTER	G/S	GULFPORT	Harrison	9	130	63.8	66.2	35.59	46.27
GEORGE COUNTY HOSPITAL	G/S	LUCEDALE	George	9	53	37.5	15.5	46.59	24.69
HANCOCK MEDICAL CENTER	G/S	BAY ST LOUIS	Hancock	9	47	37.8	9.2	53.10	24.96
L.O. CROSBY MEMORIAL HOSPITAL	G/S	PICAYUNE	Pearl River	9	95	28.5	66.5	18.65	17.72
MEMORIAL HOSPITAL AT GULFPORT	G/S	GULFPORT	Harrison	9	303	244.3	58.7	68.39	207.28
OCEAN SPRINGS HOSPITAL	G/S	OCEAN SPRINGS	Jackson	9	136	109.7	26.3	63.12	85.84
PEARL RIVER COUNTY HOSPITAL	G/S	POPLARVILLE	Pearl River	9	24	2.6	21.4	2.47	0.59
SINGING RIVER HOSPITAL	G/S	PASCAGOULA	Jackson	9	385	120.7	264.3	24.83	95.60
STONE COUNTY HOSPITAL	CAH	WIGGINS	Stone	9	25	10.0	15.0	18.03	4.51
					1,351	755.4	595.5833	43.30	585.40

Proposed General Hospital Service Areas A							
Planning Areas	Population		Population/ 1,000	# of Small Hospitals●	# of Medium Hospitals▲	# of Large Hospitals■	Counties w/o a Hospital
Planning Area 1	337,850	1000	337.85	2	1	4	2
Planning Area 2	288,294	1000	288.29	2	2	5	1
Planning Area 3	304,571	1000	304.57	8	1	6	2
Planning Area 4	223,935	1000	223.94	3	3	3	0
Planning Area 5	619,240	1000	619.24	4	3	8	0
Planning Area 6	242,932	1000	242.93	8	1	4	1
Planning Area 7	176,215	1000	176.22	4	2	4	1
Planning Area 8	342,280	1000	342.28	4	1	5	0
Planning Area 9	440,233	1000	440.23	2	2	6	0
	2,975,550	1000	2,975.55	37	16	45	7

Acute Care Hospitals	
●	Licensed Beds ≤ 35
▲	Licensed Beds 36 to 75
■	Licensed Beds ≥ 75
	Counties without Hospitals

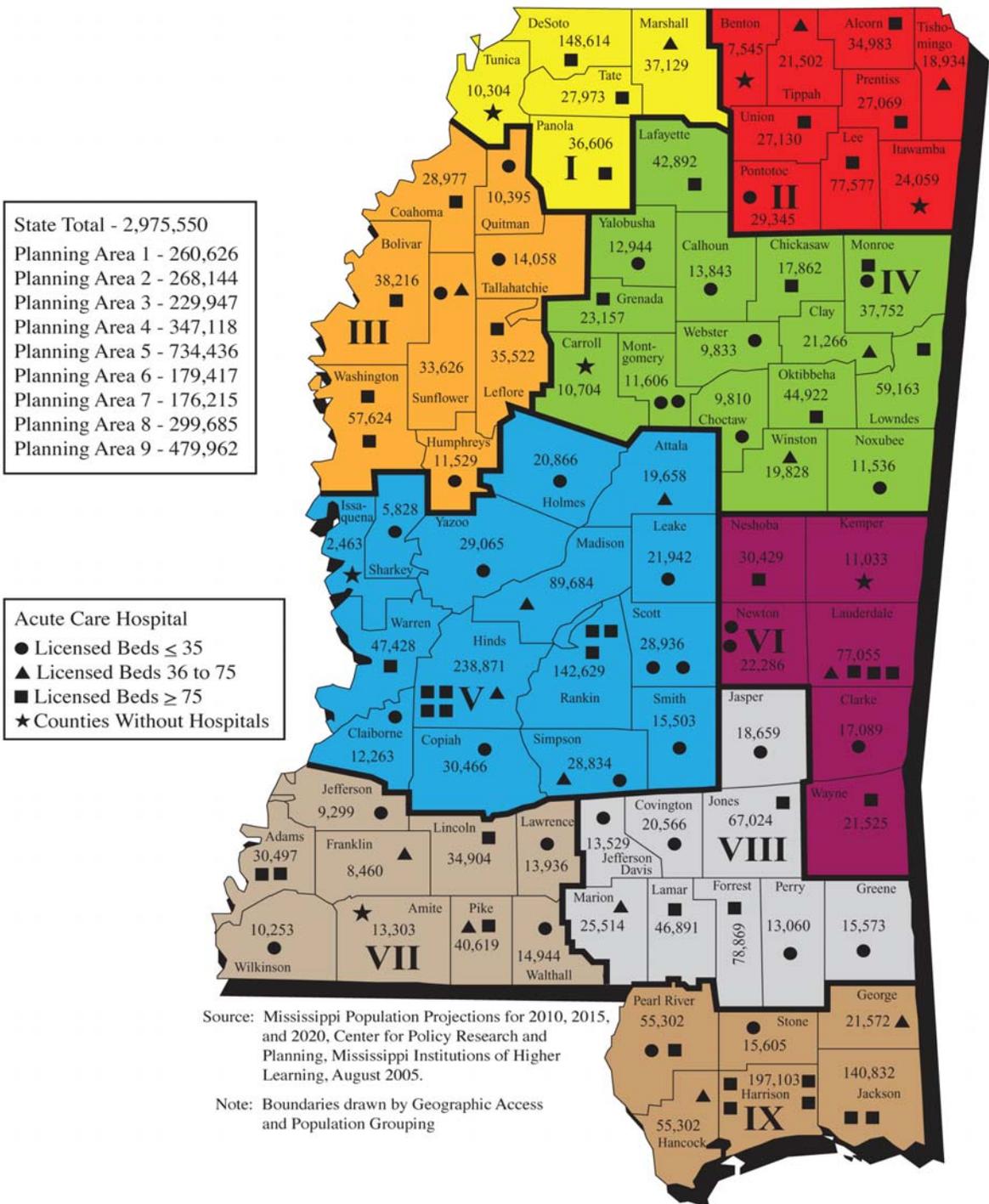
Proposed General Hospital Service Areas B							
Planning Areas	Population		Population/ 1,000	# of Small Hospitals●	# of Medium Hospitals▲	# of Large Hospitals■	Counties w/o a Hospital
Planning Area 1	260,626	1000	260.63	0	1	3	1
Planning Area 2	268,144	1000	268.14	1	2	4	2
Planning Area 3	229,947	1000	229.95	4	1	5	0
Planning Area 4	347,118	1000	347.12	8	2	6	1
Planning Area 5	734,436	1000	734.44	10	4	8	1
Planning Area 6	179,417	1000	179.42	3	1	5	1
Planning Area 7	176,215	1000	176.22	4	2	4	1
Planning Area 8	299,685	1000	299.69	5	1	3	0
Planning Area 9	479,962	1000	479.96	2	2	7	0
	2,975,550	1000	2,975.55	37	16	45	7

Acute Care Hospitals

- Licensed Beds ≤ 35
- ▲ Licensed Beds 36 to 75
- Licensed Beds ≥ 75

 Counties without Hospitals

Acute Care Hospitals Proposed General Service Areas B



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

Note: Boundaries drawn by Geographic Access and Population Grouping

1B. LONG TERM CARE

Staff Recommendation: No change necessary; Staff has put in place more information to be gathered on resident population including obesity.

2. CRITERIA RE: INDIGENT/MEDICAID CARE

Staff Recommendation:

No change in policy; Staff has put in place better reporting of data on indigent and Medicaid from hospitals.

3. CRITERIA RE: TRAUMA SYSTEM PARTICIPATION

Staff Recommendation:

Hold making any change in CON policy until after Trauma System changes.

4. NEONATAL INTENSIVE CARE BEDS

**Staff Recommendation: Revise Obstetrical Service Criteria and
revise Neonatal Special Care Services
Criteria.**

CERTIFICATE OF NEED
CRITERIA AND STANDARDS
FOR
OBSTETRICAL SERVICES

100 Certificate of Need Criteria and Standards for Obstetrical 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.

100.01 Policy Statement Regarding Certificate of Need Applications for the Offering of Obstetrical Services

1. An applicant is required to provide a reasonable amount of indigent/charity care as described in Chapter 1 of this *Plan*.
2. Perinatal Planning Areas (PPA): The MSDH shall determine the need for obstetrical services using the Perinatal Planning Areas as outlined on Map 10-3 at the end of this chapter.
3. ~~Optimum Utilization: For planning and CON purposes, optimum utilization is defined as 60 percent occupancy per annum for all existing OB beds in an OB unit.~~
4. Travel Time: Obstetrical services should be available within one (1) hour normal travel time of 95 percent of the population in rural areas and within 30 minutes normal travel time in urban areas.
5. ~~Dedicated Beds: An applicant proposing to offer obstetrical services shall dedicate a minimum of six (6) beds.~~
6. Preference in CON Decisions: The MSDH shall give preference in CON decisions to applications that propose to improve existing services and to reduce costs through consolidation of two basic obstetrical services into a larger, more efficient service over the addition of new services or the expansion of single service providers.
7. Patient Education: Obstetrical service providers shall offer an array of family planning and related maternal and child health education programs that are readily accessible to current and prospective patients.
8. Levels of Care:

Basic Perinatal Centers (provide basic inpatient care for pregnant women and newborns without complications).

Specialty (Intermediate) Perinatal Centers – provide management for certain high-risk pregnancies, including maternal referrals from basic care centers as well as basic perinatal services.

Subspecialty (*Intensive*) Perinatal Centers – provide inpatient care for maternal and fetal complications as well as basic and specialty care.

9. An applicant proposing to offer obstetrical services shall be equipped to provide basic perinatal services in accordance with the guidelines contained in the *Minimum Standards of Operation for Mississippi Hospitals § 130, Obstetrics and Newborn Nursery. Hospitals proposing to offer specialty and subspecialty care for high risk neonates shall conform to the recommendations of the American Academy of Pediatrics, Policy Statement, Levels of Neonatal Care (PEDIATRICS Vol. 114 No. 5 November 2004).*
10. An applicant proposing to offer obstetrical services shall agree to provide an amount of care to Medicaid mothers/babies comparable to the average percentage of Medicaid care offered by other providers of the requested service within the same, or most proximate, geographic area.

100.02 Certificate of Need Criteria and Standards for Obstetrical Services

The Mississippi State Department of Health will review applications for a Certificate of Need to establish obstetric services under the 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 Mississippi State Department of Health; and the specific criteria and standards listed below.

The establishment of obstetrical services or the expansion of the existing service shall require approval under the Certificate of Need statute if the \$2,000,000 capital expenditure threshold is crossed.

Provision for individual units should be consistent with the regionalized perinatal care system involved. Those facilities desiring to provide obstetric services shall meet the Basic facility minimum standards as listed under *Guidelines for the Operation of Perinatal Units* found in Section D of this *Plan*.

1. Need Criterion:

- a. **the application shall demonstrate how the applicant can reasonably expect to deliver a minimum of 150 babies the first full year of operation and 250 babies by the second full year. In this demonstration, the applicant shall document the number of deliveries performed in the proposed obstetric service area (as described in Section 100.01 (4) above) by hospital.**

~~**the applicant shall demonstrate, subject to verification by the Mississippi State Department of Health, that all existing OB beds within the proposed Perinatal Planning Area have maintained an optimum utilization rate of 60 percent for the most recent 12-month reporting period.**~~

2. ~~Any facility offering obstetrical services shall have designated obstetrical beds.~~

3. The application shall document that the facility will provide one of the three types of perinatal services: Basic, Specialty (Intermediate), or Subspecialty (Intensive).
4. The facility shall provide full-time nursing staff in the labor and delivery area on all shifts. Nursing personnel assigned to nursery areas in Basic Perinatal Centers shall be under the direct supervision of a qualified professional nurse.
5. Any facility proposing the offering of obstetrical services shall have written policies delineating responsibility for immediate newborn care, resuscitation, selection and maintenance of necessary equipment, and training of personnel in proper techniques.
6. The application shall document that the nurse, anesthesia, neonatal resuscitation, and obstetric personnel required for emergency cesarean delivery shall be in the hospital or readily available at all times.
7. The application shall document that the proposed services will be available within one (1) hour normal driving time of 95 percent of the population in rural areas and within 30 minutes normal driving time in urban areas.
8. The applicant shall affirm that the hospital will have protocols for the transfer of medical care of the neonate in both routine and emergency circumstances.
9. The application shall affirm that the applicant will record and maintain, at a minimum, the following information regarding charity care and care to the medically indigent and make it available to the Mississippi State Department of Health within 15 business days of request:
 - a. source of patient referral;
 - b. utilization data e.g., number of indigent admissions, number of charity admissions, and inpatient days of care;
 - c. demographic/patient origin data;
 - d. cost/charges data; and
 - e. any other data pertaining directly or indirectly to the utilization of services by medically indigent or charity patients which the Department may request.
10. The applicant shall document that within the scope of its available services, neither the facility nor its participating staff shall have policies or procedures which would exclude patients because of race, age, sex, ethnicity, or ability to pay.

CERTIFICATE OF NEED
CRITERIA AND STANDARDS
FOR
NEONATAL SPECIAL CARE SERVICES

101 Certificate of Need Criteria and Standards for Neonatal Special Care 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.

101.01 Policy Statement Regarding Certificate of Need Applications for the Offering of Neonatal Special Care Services

11. An applicant is required to provide a reasonable amount of indigent/charity care as described in Chapter 1 of this *Plan*.
12. Perinatal Planning Areas (PPA): The MSDH shall determine the need for ~~obstetrical services~~ neonatal special care services using the Perinatal Planning Areas as outlined on Map 10-3 at the end of this chapter.
13. Bed Limit: The total number of neonatal special care beds should not exceed four (4) per 1,000 live births in a specified PPA as defined below:
 - a. one (1) intensive (subspecialty) care bed per 1,000 live births; and
 - b. three (3) intermediate (specialty) care beds per 1,000 live births.
14. Size of Facility: A single neonatal special care unit (Specialty or Subspecialty) should contain a minimum of 15 beds.
15. ~~Optimum Utilization: For planning and CON purposes, optimum utilization is defined as 75 percent occupancy per annum for all existing providers of neonatal special care services within an applicant's proposed Perinatal Planning Area.~~
16. Levels of Care:

Basic — Units provide uncomplicated care.

Specialty — Units provide basic, intermediate, and recovery care as well as specialized services.

Subspecialty — Units are staffed and equipped for the most intensive care of newborns as well as intermediate and recovery care.
17. An applicant proposing to offer neonatal special care services shall agree to provide an amount of care to Medicaid babies comparable to the average percentage of Medicaid care offered by the other providers of the requested services.

101.02 Certificate of Need Criteria and Standards for Neonatal Special Care Services

The Mississippi State Department of Health will review applications for a Certificate of Need to establish neonatal special care services under the 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 Mississippi State Department of Health; and the specific criteria and standards listed below.

Neonatal special care services are reviewable under Certificate of Need when either the establishment or expansion of the services involves a capital expenditure in excess of \$2,000,000.

18. Those facilities desiring to provide neonatal special care services shall meet the capacity and levels of neonatal care for the specified facility (Specialty or Subspecialty) as previously listed under *Minimum Standards of Care for Neonatal Special Care Services*; the recommendations of the American Academy of Pediatrics, Policy Statement, Levels of Neonatal Care (PEDIATRICS Vol. 114 No. 5 November 2004)

19. Need Criterion: The application shall demonstrate that the Perinatal Planning Area (PPA) wherein the proposed services are to be offered had a minimum of 3,600 deliveries for the most recent 12-month reporting period ~~and that each existing provider of neonatal special care services within the proposed PPA maintained an optimum utilization rate of 75 percent for the most recent 12-month period.~~ The MSDH shall determine the need for neonatal special care services based upon the following:

- a. one (1) neonatal intensive (subspecialty) care bed per 1,000 live births in a specified Perinatal Planning Area for the most recent 12-month reporting period; and
- b. three (3) neonatal intermediate (specialty) care beds per 1,000 live births in a specified Perinatal Planning Area for the most recent 12-month reporting period.

Projects for existing providers of neonatal special care services which seek to expand capacity by the addition or conversion of neonatal special care beds : The applicant shall document the need for the proposed project. The applicant shall demonstrate that the facility in question has maintained an occupancy rate for neonatal special care services of at least 70 percent for the most recent two (2) years or 80 percent neonate special care services occupancy rate for the most recent year, notwithstanding the neonatal special care bed need outlined in Table 10-4 below. The applicant may be approved for such additional or conversion of neonatal special care beds to meet projected demand balanced with optimum utilization rate for the Perinatal Planning Area, but in no event shall such addition or conversion exceed 20 percent increase of the existing neonatal special care beds of such facility.

20. A single neonatal special care unit (Specialty or Subspecialty) should contain a minimum of 15 beds (neonatal intensive care and/or neonatal intermediate care). An adjustment downward may be considered for a specialty unit when travel time to an alternate unit is a serious hardship due to geographic remoteness.
21. The application shall document that the proposed services will be available within one (1) hour normal driving time of 95 percent of the population in rural areas and within 30 minutes normal driving time in urban areas.
22. The application shall document that the applicant has established referral networks to transfer infants requiring more sophisticated care than is available in less specialized facilities.
23. The application shall affirm that the applicant will record and maintain, at a minimum, the following information regarding charity care and care to the medically indigent and make it available to the Mississippi State Department of Health within 15 business days of request:
 - a. source of patient referral;
 - b. utilization data e.g., number of indigent admissions, number of charity admissions, and inpatient days of care;
 - c. demographic/patient origin data;
 - d. cost/charges data; and
 - e. any other data pertaining directly or indirectly to the utilization of services by medically indigent or charity patients which the Department may request.
24. The applicant shall document that within the scope of its available services, neither the facility nor its participating staff shall have policies or procedures which would exclude patients because of race, age, sex, ethnicity, or ability to pay.

101.03 Neonatal Special Care Services Bed Need Methodology

The determination of need for neonatal special care beds/services in each Perinatal Planning Area will be based on four (4) beds per 1,000 live births as defined below.

25. One (1) neonatal intensive (subspecialty) care bed per 1,000 live births in the most recent 12-month reporting period.
26. Three (3) neonatal intermediate (specialty) care beds per 1,000 live births in the most recent 12-month reporting period.

**Table 10 - 1
Neonatal Special Care Bed Need
2008**

Perinatal Planning Areas	Number Live Births¹	Neonatal Intensive Care Bed Need	Neonatal Intermediate Care Bed Need
PPA I	4,912	5	15
PPA II	5,063	5	15
PPA III	4,150	4	12
PPA IV	3,601	4	11
PPA V	10,217	10	31
PPA VI	3,988	4	12
PPA VII	2,758	3	8
PPA VIII	4,893	5	15
PPA IX	6,464	6	19
State Total	46,046	46	138

¹ By Place of Birth

Sources: Mississippi State Department of Health, Division of Licensure and Certification; and Division of Health Planning and Resource Development Calculations, 2008

**Neonatal Intermediate Care Beds
FY 2007**

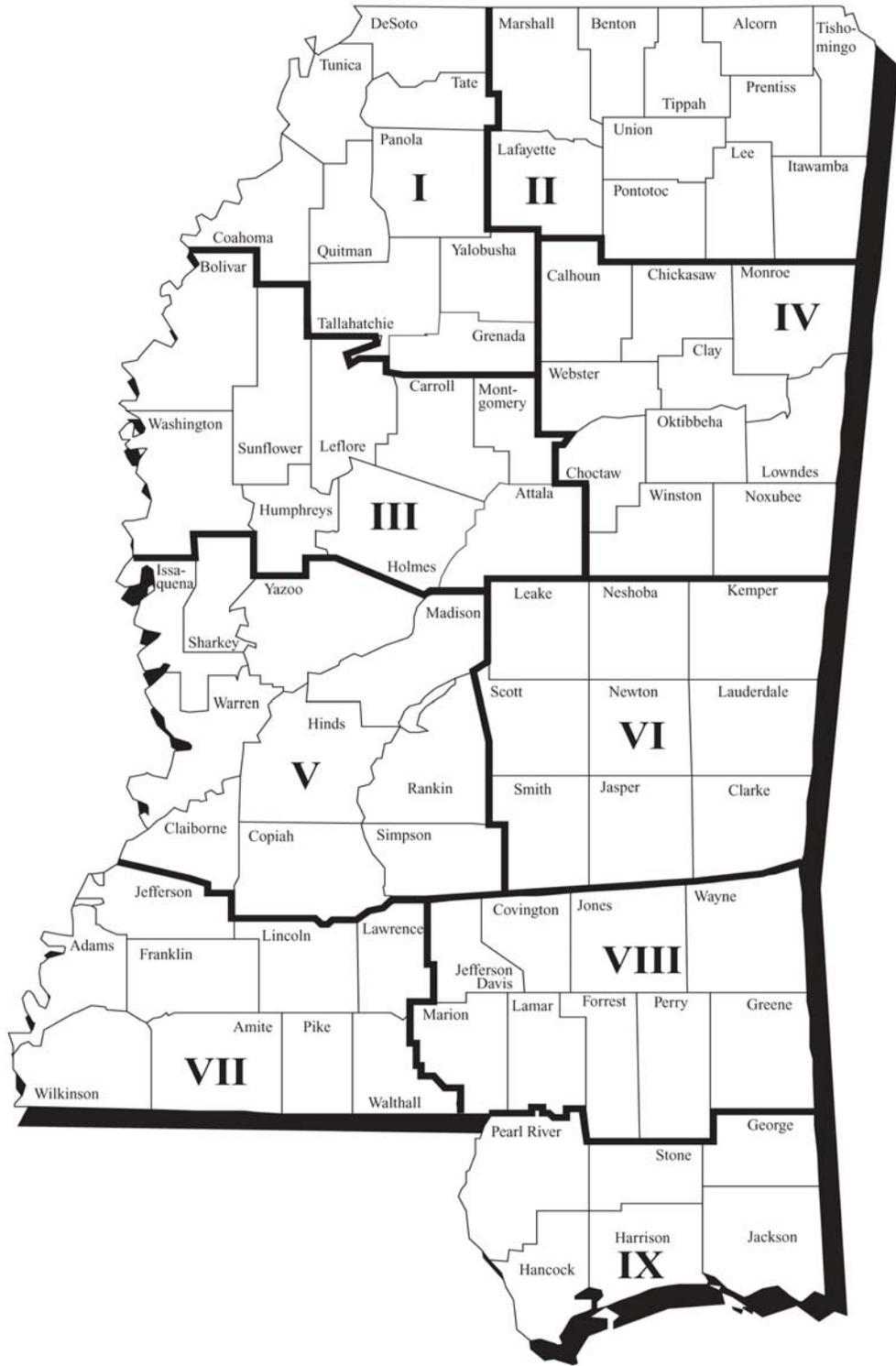
Perinatal Planning Area	Beds Setup and Staffed	ALOS	ADC	Occupancy Rate	SHP Need	Difference
State Total	34	15.27	9.94	198.85	138	104
Central MS Medical Center	17					
River Oaks Hospital	5	15.27	10	198.85		
Singing River Hospital	6					
Southwest MS Regional	6					

Neonate Intensive Care Service Demand FY 2007

Perinatal Planning Areas	Beds Setup & Staffed	Discharges	Discharge Days	ALOS	ADC	Occupancy Rate (%)	Inpatient Days	SHP Bed Need	Bed Need Diff.
PPA I	NONE							20	20
PPA II	22	353	7,030	19.92	20.17	91.67	7,361	20	-2
North MS Medical Center	22	353	7,030	19.92	20.17	91.67	7,361		
PPA III								16	16
PPA IV	6	55	616	11.20	1.68	28.04	614	15	9
Gilmore Regional Medical Center	6	55	616	11.20	1.68	28.04	614		
PPA V	134	2,422	35,413	14.62	98.48	73.49	35,945	41	-93
Central MS Medical Center	15	287	1,498	5.22	4.12	27.43	1,502		
Miss Baptist Medical Center	23	153	3,215	21.01	9.90	43.05	3,614		
River Region Health System	5	931	2,130	2.29	5.84	116.71	2,130		
University Medical Center	75	842	25,772	30.61	70.61	94.14	25,772		
Woman's Hospital	16	209	2,798	13.39	8.02	50.12	2,927		
PPA VI	16	315	3,938	12.50	10.97	68.58	4,005	16	0
Jeff Anderson Reg. Med Center	10	196	2,468	12.59	7.24	72.44	2,644		
Rush Foundation Hospital	6	119	1,470	12.35	3.73	62.15	1,361		
PPA VII	5	24	102	4.25	0.11	2.19	40	11	6
Southwest MS Reg. Med. Center	5	24	102	4.25	0.11	2.19	40		
PPA VIII	16	218	5,730	26.28	14.34	89.64	5,235	20	4
Forrest General Hospital	6	46	2,388	51.91	6.32	105.39	2,308		
Wesley Medical Center	10	172	3,342	19.43	8.02	80.19	2,927		
PPA IX	18	395	4,417	11.18	11.79	65.51	4,304	25	7
Memorial Hospital at Gulfport	18	395	4,417	11.18	11.79	65.51	4,304		
State Total	217	3,782	57,246	15.14	157.55	72.60	57,504	184	-33

Source: Application for Renewal of Hospital License for Calendar Year 2008 and FY 2007 Annual Hospital Report.

Map 10 - 1
Perinatal Planning Areas



5. PET/MRI MINIMUM PROCEDURE NUMBERS

Staff Recommendation: No change necessary.

6. END STAGE RENAL DISEASE FACILITIES

Staff Recommendation:

Revise Criteria for counties without an ESRD facility to allow new a facility were need for stations in that county is at least 8 and new Criteria for addition of ESRD stations.

CHAPTER 13
OTHER HEALTH SERVICES

102 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.

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

27. 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.
28. 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.
29. 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.
30. 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.
31. CON Approval: A CON application for the establishment of an ESRD facility **and/or the expansion of ESRD stations** 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.

32. 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.
33. Utilization Definitions:
 - a. Full Utilization: For planning and CON purposes, full (100 percent) utilization is defined as an average of 936 dialyses per station per year.
 - b. Optimum Utilization: For planning and CON purposes, optimum (75 percent) utilization is defined as an average of 702 dialyses per station per year.
 - c. Need Utilization: For planning and CON purposes, need (80 percent) utilization is defined as an average of 749 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. 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.

34. 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.
35. 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 data, and Centers for Medicare and Medicaid Services (CMS) data.
36. 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.
37. Minimum Size Facility: No CON application for the establishment of a new ESRD facility shall be approved for less than four (4) stations.
38. 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.

39. 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*.
40. 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.
41. 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.
42. Affiliation with a Renal Transplant Center: ESRD facilities shall be required to enter into a written affiliation agreement with a renal transplant center.
43. 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 current stations have maintained an 80 percent utilization for the past twelve months or 75 percent for the most recent two years.

102.02 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.)

102.02.01 Establishment of an End Stage Renal Disease (ESRD) Facility

44. **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).

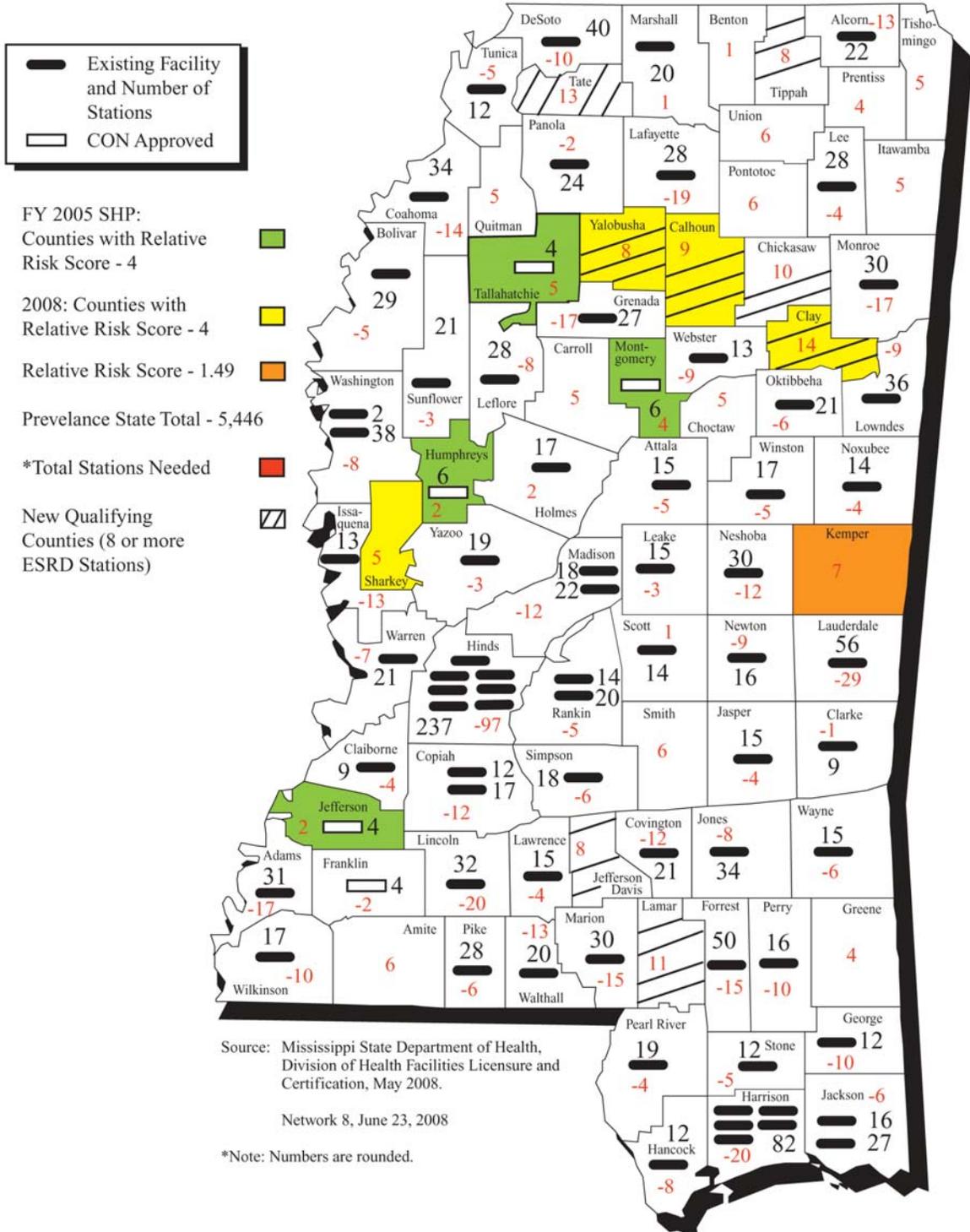
c. Projects which involve the addition of ESRD stations: The applicant shall document the need for additional ESRD stations . The Department may approve additional ESRD stations for facilities that have maintained at least an 80 percent utilization for the most recent 12 month reporting period or at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

45. 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.
46. 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.
47. 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.
48. 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.
49. 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.
50. 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.
51. 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.
52. 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 Equivalents (FTE) based upon expected utilization

53. 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.
54. 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.
55. 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.
56. 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.
57. 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.
58. 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, Number of Stations, and Total Stations Needed FY 2007



End Stage Renal Disease (ESRD) Station Assessment by County

Mississippi Counties	2007 Prevalence	Optimum Station Ratio *	Number of Stations Needed	2007 Actual # of Stations	Total Stations Needed
Adams	67	4.5	14.89	31	-16.11
Alcorn	42	4.5	9.33	22	-12.67
Amite	25	4.5	5.56	0	5.56
Attala	49	4.5	10.89	15	-4.11
Benton	3	4.5	0.67	0	0.67
Bolivar	112	4.5	24.89	29	-4.11
Calhoun	38	4.5	8.44	0	8.44
Carroll	19	4.5	4.22	0	4.22
Chickasaw	44	4.5	9.78	0	9.78
Choctaw	20	4.5	4.44	0	4.44
Claiborne	25	4.5	5.56	9	-3.44
Clarke	36	4.5	8.00	9	-1.00
Clay	62	4.5	13.78	0	13.78
Coahoma	91	4.5	20.22	34	-13.78
Copiah	80	4.5	17.78	29	-11.22
Covington	42	4.5	9.33	21	-11.67
DeSoto	139	4.5	30.89	40	-9.11
Forrest	161	4.5	35.78	50	-14.22
Franklin	11	4.5	2.44	4	-1.56
George	13	4.5	2.89	12	-9.11
Greene	14	4.5	3.11	0	3.11
Grenada	49	4.5	10.89	27	-16.11
Hancock	22	4.5	4.89	12	-7.11
Harrison	280	4.5	62.22	82	-19.78
Hinds	631	4.5	140.22	237	-96.78
Holmes	82	4.5	18.22	17	1.22
Humphreys ▲	36	4.5	8.00	6	2.00
Issaquena	1	4.5	0.22	13	-12.78
Itawamba	20	4.5	4.44	0	4.44
Jackson	167	4.5	37.11	43	-5.89
Jasper	51	4.5	11.33	15	-3.67
Jefferson ▲	25	4.5	5.56	4	1.56
Jefferson Davis	32	4.5	7.11	0	7.11
Jones	119	4.5	26.44	34	-7.56
Kemper	30	4.5	6.67	0	6.67
Lafayette	43	4.5	9.56	28	-18.44
Lamar	47	4.5	10.44	0	10.44
Lauderdale	124	4.5	27.56	56	-28.44
Lawrence	53	4.5	11.78	15	-3.22
Leake	58	4.5	12.89	15	-2.11
Lee	108	4.5	24.00	28	-4.00
Leflore	90	4.5	20.00	28	-8.00

(Continued)

Mississippi Counties	2007 Prevalence	Optimum Station Ratio *	Number of Stations Needed	2007 Actual # of Stations	Total Stations Needed
Lincoln	58	4.5	12.89	32	-19.11
Lowndes	124	4.5	27.56	36	-8.44
Madison	126	4.5	28.00	40	-12.00
Marion	69	4.5	15.33	30	-14.67
Marshall	91	4.5	20.22	20	0.22
Monroe	59	4.5	13.11	30	-16.89
Montgomery ▲	41	4.5	9.11	6	3.11
Neshoba	83	4.5	18.44	30	-11.56
Newton	33	4.5	7.33	16	-8.67
Noxubee	47	4.5	10.44	14	-3.56
Oktibbeha	69	4.5	15.33	21	-5.67
Panola	99	4.5	22.00	24	-2.00
Pearl River	70	4.5	15.56	19	-3.44
Perry	28	4.5	6.22	16	-9.78
Pike	102	4.5	22.67	28	-5.33
Pontotoc	27	4.5	6.00	0	6.00
Prentiss	17	4.5	3.78	0	3.78
Quitman	19	4.5	4.22	0	4.22
Rankin	134	4.5	29.78	34	-4.22
Scott	66	4.5	14.67	14	0.67
Sharkey	21	4.5	4.67	0	4.67
Simpson	55	4.5	12.22	18	-5.78
Smith	23	4.5	5.11	0	5.11
Stone	34	4.5	7.56	12	-4.44
Sunflower	81	4.5	18.00	21	-3.00
Tallahatchie ▲	38	4.5	8.44	4	4.44
Tate	58	4.5	12.89	0	12.89
Tippah	32	4.5	7.11	0	7.11
Tishomingo	20	4.5	4.44	0	4.44
Tunica	34	4.5	7.56	12	-4.44
Union	27	4.5	6.00	0	6.00
Walthall	32	4.5	7.11	20	-12.89
Warren	64	4.5	14.22	21	-6.78
Washington	147	4.5	32.67	40	-7.33
Wayne	44	4.5	9.78	15	-5.22
Webster	19	4.5	4.22	13	-8.78
Wilkinson	32	4.5	7.11	17	-9.89
Winston	55	4.5	12.22	17	-4.78
Yalobusha	35	4.5	7.78	0	7.78
Yazoo	72	4.5	16.00	19	-3.00
MS TOTAL	5,446	4.5	1,210.22	1,604	-393.78

▲ - CON Approved

■ - Optimum ratio was calculated by dividing 702 dialysis treatments by 156 Days.

**7. CHANGES TO THE MENTAL HEALTH CHAPTER
OF THE STATE HEALTH PLAN**

Staff Recommendation: Continue using state as a whole for determining need for facilities and beds but, use planning areas for future facilities and beds and revise the bed need formula for PRTF.

**CERTIFICATE OF NEED
CRITERIA AND STANDARDS
FOR
ACUTE PSYCHIATRIC,
CHEMICAL DEPENDENCY,
AND
PSYCHIATRIC RESIDENTIAL
TREATMENT FACILITY BEDS/SERVICES**

103 Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility 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 Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

8. An applicant must provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.
9. Mental Health Planning Areas: The Department of Health shall use the state as a whole to determine the need for acute psychiatric beds/services, chemical dependency beds/services, and psychiatric residential treatment beds/services. Tables 9-7, 9-8, and 9-9 give the statistical need for each category of beds. **Future bed expansion shall be determined on a regional bed need basis with priority given to districts with the greatest need.**
10. Public Sector Beds: Due to the public sector status of the acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds operated directly by the Mississippi Department of Mental Health (MDMH), the number of licensed beds operated by the MDMH shall not be counted in the bed inventory used to determine statistical need for additional acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds.
11. Comments from Department of Mental Health: The Mississippi State Department of Health shall solicit and take into consideration comments received from the Mississippi Department of Mental Health regarding any CON application for the establishment or expansion of inpatient acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds.
12. Separation of Adults and Children/Adolescents: Child and adolescent patients under 18 years of age must receive treatment in units which are programmatically and physically distinct from adult (18+ years of age) patient units. A single facility may house adults as well as adolescents and children if both physical design and staffing ratios provide for separation.
13. Separation of Males and Females: Facilities must separate males and females age 13 and over for living purposes (e.g., separate rooms and rooms located at separate ends of the halls, etc.).

14. Dually Diagnosed Patients: It is frequently impossible for a provider to totally predict or control short-term deviation in the number of patients with mixed psychiatric/ addictive etiology to their illnesses. Therefore, the Department will allow deviations of up to 25 percent of the total licensed beds as "swing-beds" to accommodate patients having diagnoses of both psychiatric and substance abuse disorders. However, the provider must demonstrate to the Division of Licensure and Certification that the "swing-bed" program meets all applicable licensure and certification regulations for each service offered, i.e., acute psychiatric, chemical dependency, and psychiatric residential treatment facility services, before providing such "swing-bed" services.
15. Comprehensive Program of Treatment: Any new mental health beds approved must provide a comprehensive program of treatment that includes, but is not limited to, inpatient, outpatient, and follow-up services, and in the case of children and adolescents, includes an educational component. The facility may provide outpatient and appropriate follow-up services directly or through contractual arrangements with existing providers of these services.
16. Medicaid Participation: An applicant proposing to offer acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility services or to establish, expand, and/or convert beds under any of the provisions set forth in this section or in the service specific criteria and standards shall affirm in the application that:
 - a. the applicant shall seek Medicaid certification for the facility/program at such time as the facility/program becomes eligible for such certification; and
 - b. the applicant shall serve a reasonable number of Medicaid patients when the facility/program becomes eligible for reimbursement under the Medicaid Program. The application shall affirm that the facility will provide the MSDH with information regarding services to Medicaid patients.
17. Licensing and Certification: All acute psychiatric, chemical dependency treatment, dual diagnosis beds/services, and psychiatric residential treatment facility beds/services must meet all applicable licensing and certification regulations of the Division of Health Facilities Licensure and Certification. If licensure and certification regulations do not exist at the time the application is approved, the program shall comply with such regulations following their effective date.
18. Psychiatric Residential Treatment Facility: A psychiatric residential treatment facility (PRTF) is a non-hospital establishment with permanent licensed facilities that provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists, psychotherapists, and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district, or the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital and who are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - a. an inability to learn which cannot be explained by intellectual, sensory, or health factors;

- b. an inability to build or maintain satisfactory relationships with peers and teachers;
- c. inappropriate types of behavior or feelings under normal circumstances;
- d. a general pervasive mood of unhappiness or depression; or
- e. a tendency to develop physical symptoms or fears associated with personal or school problems.

An establishment furnishing primarily domiciliary care is not within this definition.

19. Certified Educational Programs: Educational programs certified by the Department of Education shall be available for all school age patients. Also, sufficient areas suitable to meet the recreational needs of the patients are required.
20. Preference in CON Decisions: Applications proposing the conversion of existing acute care hospital beds to acute psychiatric and chemical dependency beds shall receive preference in CON decisions provided the application meets all other criteria and standards under which it is reviewed.
21. Dedicated Beds for Children's Services: It has been determined that there is a need for specialized beds dedicated for the treatment of children less than 14 years of age. Therefore, of the beds determined to be needed for child/adolescent acute psychiatric services and psychiatric residential treatment facility services, 25 beds under each category, for a total of 50 beds statewide, shall be reserved exclusively for programs dedicated to children under the age of 14.
22. 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).
23. 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 General Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

The Mississippi State Department of Health will review applications for a Certificate of Need for the establishment, offering, or expansion of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment beds/services 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 policies in this Plan; 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 general and service specific criteria and standards listed below.

The offering of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment facility services is reviewable if the proposed provider has not offered those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered. The construction, development, or other establishment of a new health care facility to provide acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment services requires CON review regardless of capital expenditure.

24. Need Criterion:

- a. **New/Existing Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services:** The applicant shall document a need for acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds using the appropriate bed need methodology as presented in this section under the service specific criteria and standards.
 - b. Projects which do not involve the addition of acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility 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.).
 - c. **Projects which involve the addition of beds:** The applicant shall document the need for the proposed project. Exception: Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department 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. **Child Psychiatry Fellowship Program:** Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve a 15-bed acute child psychiatric unit at the University of Mississippi Medical Center for children aged 4-12 to provide a training site for psychiatric residents.
25. The application shall affirm that the applicant will record and maintain, at a minimum, the following information regarding charity care and care to the medically indigent and make such information available to the Mississippi State Department of Health within 15 business days of request:
- a. source of patient referral;
 - b. utilization data, e.g., number of indigent admissions, number of charity admissions, and inpatient days of care;
 - c. demographic/patient origin data;
 - d. cost/charges data; and
 - e. any other data pertaining directly or indirectly to the utilization of services by medically indigent or charity patients which the Department may request.

26. A CON applicant desiring to provide or to expand chemical dependency, psychiatric, and/or psychiatric residential treatment facility services shall provide copies of signed memoranda of understanding with Community Mental Health Centers and other appropriate facilities within their patient service area regarding the referral and admission of charity and medically indigent patients.
27. Applicants should also provide letters of comment from the Community Mental Health Centers, appropriate physicians, community and political leaders, and other interested groups that may be affected by the provision of such care.
28. The application shall document that within the scope of its available services, neither the facility nor its participating staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.

The application shall document that the applicant will provide a reasonable amount of charity/indigent care as provided for in Chapter I of this *Plan*.

103.03 Service Specific Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

103.03.01 Acute Psychiatric Beds for Adults

1. The Mississippi State Department of Health shall base statistical need for adult acute psychiatric beds on a ratio of **0.21 beds per 1,000 population aged 18 and older for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 9-7 presents the statistical need for adult psychiatric beds.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for adults may be located in either freestanding or hospital-based facilities. Freestanding facilities should not be larger than 60 beds. Hospital units should not be larger than 30 beds. Patients treated in adult facilities and units should be 18 years of age or older.
3. The applicant shall provide documentation regarding the staffing of the facility. Staff providing treatment should be specially trained for the provision of psychiatric and psychological services. The staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment.

103.03.02 Acute Psychiatric Beds for Children and Adolescents

1. The Mississippi State Department of Health shall base statistical need for child/adolescent acute psychiatric beds on a ratio of **0.55 beds per 1,000 population aged 7 to 17 for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 9-7 presents the statistical need for child/adolescent psychiatric beds. Of the specified beds needed, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for children and adolescents may be located in freestanding or hospital-based units and facilities. A facility should not be larger than 60 beds. All units, whether hospital-based or freestanding, should provide a homelike environment. Ideally, a facility should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred. For the purposes of this *Plan*, an adolescent is defined as a minor who is at least 14 years old but less than 18 years old, and a child is defined as a minor who is at least 7 years old but less than 14 years old.
3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare services must also be provided.
4. The applicant shall describe the structural design of the facility in providing for the separation of children and adolescents. In facilities where both children and adolescents are housed, the facility should attempt to provide separate areas for each age grouping.

103.03.03 Chemical Dependency Beds for Adults

1. The Mississippi State Department of Health shall base statistical need for adult chemical dependency beds on a ratio of **0.14 beds per 1,000 population aged 18 and older for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 9-8 presents the statistical need for adult chemical dependency beds.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency treatment programs may be located in either freestanding or hospital-based facilities. Facilities should not be larger than 75 beds, and individual units should not be larger than 30 beds. The bed count also includes detoxification beds. Staff should have specialized training in the area of alcohol and substance abuse treatment, and a multi-discipline psychosocial medical treatment approach which involves the family and significant others should be employed.
3. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Chemical dependency treatment programs should include extensive aftercare and follow-up services.
4. The applicant shall specify the type of clients to be treated at the proposed facility. Freestanding chemical dependency facilities and hospital-based units should provide services to substance abusers as well as alcohol abusers.

103.03.04 Chemical Dependency Beds for Children and Adolescents

1. The Mississippi State Department of Health shall base statistical need for child/adolescent chemical dependency beds on a ratio of **0.44 beds per 1,000 population aged 12 to 17 for 2010** in the state as a whole as projected by the Division of Health

Planning and Resource Development. Table 9-8 presents the statistical need for child/adolescent chemical dependency beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency beds may be located in either freestanding or hospital-based facilities. Because of the unique needs of the child and adolescent population, facilities shall not be larger than 60 beds. Units shall not be larger than 20 beds. The bed count of a facility or unit will include detoxification beds.

Facilities or units, whether hospital-based or freestanding, should provide a home-like environment. Ideally, facilities should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and significant others. Aftercare services must also be provided.
4. The applicant shall describe the structural design of the facility in providing for the separation of the children and adolescents. Child and adolescent patients shall be separated from adult patients for treatment and living purposes.
5. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Extensive aftercare and follow-up services involving the family and significant others should be provided to clients after discharge from the inpatient program. Chemical dependency facilities and units should provide services to substance abusers as well as alcohol abusers.

103.03.05 Psychiatric Residential Treatment Facility Beds/Services

1. The Mississippi State Department of Health shall base statistical need for psychiatric residential treatment beds on a ratio of ~~0.4~~ **0.55 beds per 1,000 population aged 5 to 21 for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 9-9 presents the statistical need for psychiatric residential treatment facility beds.
2. The application shall state the age group that the applicant will serve in the psychiatric residential treatment facility and the number of beds dedicated to each age group (5 to 13, 14 to 17, and 18 to 21).
3. The applicant shall describe the structural design of the facility for the provision of services to children less than 14 years of age. Of the beds needed for psychiatric residential treatment facility services, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age. An applicant proposing to provide psychiatric residential treatment facility services to children less than 14 years of age shall make provision for the treatment of these patients in units which are programmatically and physically distinct from the units occupied by patients older than

13 years of age. A facility may house both categories of patients if both the physical design and staffing ratios provide for separation.

4. This criterion does not preclude more than 25 psychiatric residential treatment facility beds being authorized for the treatment of patients less than 14 years of age. However, the Department shall not approve more psychiatric residential treatment facility beds statewide than specifically authorized by legislation (Miss. Code Ann. § 41-7-191 et. seq). (Note: the 298 licensed and CON approved beds indicated in Table 9-4 were the result of both CON approval and legislative actions).
5. The applicant shall provide information regarding the proposed size of the facility/unit. A psychiatric residential treatment facility should provide services in a homelike environment. Ideally, a facility should provide cottage-style living units not exceeding 15 beds. A psychiatric residential treatment facility should not be larger than 60 beds.
6. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the treatment needs of the age category of patients being served. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare/follow-up services must also be provided.

Table 9 - 2
Statewide Acute Psychiatric Bed Need
2009

Bed Category and Ratio	2010 Projected Population	Projected Bed Need	Licensed/CON Approved/Abeyance Beds	Difference
Adult Psychiatric: <u>0.21 beds per 1,000 population aged 18+</u>	2,238,274	470	555	-85
Child/Adolescent Psychiatric: <u>0.55 beds per 1,000 population aged 7 to 17</u>	452,740	249	233	16

Sources: Applications for Renewal of Hospital License for Calendar Year 2008 and FY 2007 Annual Hospital Report; and Division of Health Planning and Resource Development calculations

Table 9 - 3
Statewide Chemical Dependency Bed Need
2009

Bed Category and Ratio	2010 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
Adult Chemical Dependency: <u>0.14 beds per 1,000 population aged 18+</u>	2,238,274	313	311	2
Child/Adolescent Chemical Dependency: <u>0.44 beds per 1,000 population aged 12 to 17</u>	251,695	111	52	59

Sources: Applications for Renewal of Hospital License for Calendar Year 2008 and FY 2007 Annual Hospital Report; Division of Health Planning and Resource Development calculations, April 2008

Table 9 - 4
Statewide Psychiatric Residential
Treatment Facility Bed Need
2009

Age Cohort	Bed Ratio per 1,000 Population	2010 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
5 to 21	0.4	704,365	282	298	-16

Sources: Applications for Renewal of Hospital License for Calendar Year 2008 and FY 2007 Annual Hospital Report; and Division of Health Planning and Resource Development Calculations, April 2008

Age Cohort	Bed Ratio per 1,000 Population	2010 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
5 to 21	<u>0.55</u>	704,365	387	298	<u>89.40</u>

**Mental Health Bed Need
FY 2010 Projections**

GHSA I	2010 Population	Age 18+	Age 7-17	Age 12- 17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12- 17)	PRTF at (.4/1000 Age 5- 21)	PRTF at (.55/1000 Age 5- 21)
DeSoto	148,614	108,888	23,672	10,951	36,034	22.87	13.02	15.24	4.82	14.41	19.82
Marshall	37,129	27,583	5,494	2,531	8,683	5.79	3.02	3.86	1.11	3.47	4.78
Panola	36,606	26,469	5,829	2,623	8,867	5.56	3.21	3.71	1.15	3.55	4.88
Tate	27,973	20,483	4,341	2,141	6,792	4.30	2.39	2.87	0.94	2.72	3.74
Tunica	10,304	7,372	1,657	737	2,520	1.55	0.91	1.03	0.32	1.01	1.39
Total	260,626	190,795	40,993	18,983	62,896	40.07	22.55	26.71	8.35	25.16	34.59
Beds Available											
DeSoto						22	52	14		40	40
Marshall											
Panola						10		23	10		
Tate											
Tunica											
Total						32	52	37	10	40	40
						Abey 5					
Difference						3	(29)	(10)	(2)	(15)	(5)

Mental Health GHSA II	2010 Population	Age 18+	Age 7-17	Age 12- 17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12- 17)	PRTF at (.4/1000 Age 5- 21)	PRTF at (.55/1000 Age 5-21)
Alcorn	34,983	26,750	4,782	2,149	7,203	5.62	2.63	3.75	0.95	2.88	3.96
Benton	7,545	5,599	1,123	511	1,704	1.18	0.62	0.78	0.22	0.68	0.94
Itawamba	24,059	17,924	3,554	1,751	5,565	3.76	1.95	2.51	0.77	2.23	3.06
Lee	77,577	57,314	11,793	5,687	11,785	12.04	6.49	8.02	2.50	4.71	6.48
Pontotoc	29,345	21,778	4,397	2,003	6,674	4.57	2.42	3.05	0.88	2.67	3.67
Prentiss	27,069	20,210	4,025	1,949	6,240	4.24	2.21	2.83	0.86	2.50	3.43
Tippah	21,502	16,190	2,977	1,306	4,561	3.40	1.64	2.27	0.57	1.82	2.51
Tishomingo	18,934	14,769	2,408	1,081	3,653	3.10	1.32	2.07	0.48	1.46	2.01
Union	27,130	20,213	4,064	1,935	6,112	4.24	2.24	2.83	0.85	2.44	3.36
Total	268,144	200,747	39,123	18,372	53,497	42.16	21.52	28.10	8.08	21.40	29.42
Beds Available											
Alcorn							19				
Benton											
Itawamba											
Lee						33		33			
Pontotoc										51	51
Prentiss											
Tippah											
Tishomingo											
Union											
Total						33		33		51	51
Difference						9.16	21.52	(4.90)	8.08	(29.60)	(21.58)

Mental Health GHSA III	2010 Population	Age 18+	Age 7-17	Age 12- 17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12- 17)	PRTF at (.4/1000 Age 5- 21)	PRTF at (.55/1000 Age 5-21)
Bolivar	38,216	26748	6,541	3,301	10,639	5.62	3.60	3.74	1.45	4.26	5.85
Coahoma	28,977	20,312	5,058	5,341	7,631	4.27	2.78	2.84	2.35	3.05	4.20
Humphreys	11,529	8,074	1,918	856	2,955	1.70	1.05	1.13	0.38	1.18	1.63
Leflore	35,522	24,890	6,161	2,917	9,624	5.23	3.39	3.48	1.28	3.85	5.29
Quitman	10,395	7,304	1,771	815	2,701	1.53	0.97	1.02	0.36	1.08	1.49
Sunflower	33,626	24,069	5,393	2,539	8,590	5.05	2.97	3.37	1.12	3.44	4.72
Tallahatchie	14,058	10,298	2,070	982	3,258	2.16	1.14	1.44	0.43	1.30	1.79
Washington	57,624	41,081	9,642	4,615	14,917	8.63	5.30	5.75	2.03	5.97	8.20
Total	229,947	162,776	38,554	21,366	60,315	34.18	21.20	22.79	9.40	24.13	33.17
Beds Available											
Bolivar											
Coahoma											
Humphreys											
Leflore											
Quitman											
Sunflower											
Tallahatchie											
Washington						9		7			
Total						9		7			
Difference						25.18	21.20	15.79	9.40	24.13	33.17

Mental Health GHSA IV	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12-17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
Calhoun	13,843	10,608	1,859	838	2,852	2.23	1.02	1.49	0.37	1.14	1.57
Carroll	10,704	8,181	1,360	645	2,201	1.72	0.75	1.15	0.28	0.88	1.21
Chickasaw	17,862	13,234	2,727	1,265	4,113	2.78	1.50	1.85	0.56	1.65	2.26
Choctaw	9,810	7,297	1,481	690	2,250	1.53	0.81	1.02	0.30	0.90	1.24
Clay	21,266	18,806	3,307	1,486	5,085	3.95	1.82	2.63	0.65	2.03	2.80
Grenada	23,157	17,192	3,387	1,509	5,175	3.61	1.86	2.41	0.66	2.07	2.85
Lafayette	42,892	32,360	6,198	3,433	11,581	6.80	3.41	4.53	1.51	4.63	6.37
Lowndes	59,163	42,757	9,512	4,390	14,735	8.98	5.23	5.99	1.93	5.89	8.10
Monroe	37,752	28,277	5,411	2,497	8,273	5.94	2.98	3.96	1.10	3.31	4.55
Montgomery	11,606	8,728	1,605	739	2,487	1.83	0.88	1.22	0.33	0.99	1.37
Noxubee	11,536	8,348	1,814	840	2,781	1.75	1.00	1.17	0.37	1.11	1.53
Oktibbeha	44,922	33,002	6,882	3,908	13,376	6.93	3.79	4.62	1.72	5.35	7.36
Webster	9,833	7,420	1,394	644	2,116	1.56	0.77	1.04	0.28	0.85	1.16
Winston	19,828	14,782	2,912	1,314	4,458	3.10	1.60	2.07	0.58	1.78	2.45
Yalobusha	12,944	9,711	1,835	841	2,813	2.04	1.01	1.36	0.37	1.13	1.55
Total	347,118	260,703	51,684	25,039	84,296	54.75	28.43	36.50	11.02	33.72	46.36

(Continuation of GHSA IV)

Mental Health GHSA IV	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12-17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
Beds Available											
Calhoun											
Carroll											
Chickasaw											
Choctaw											
Clay											
Grenada											
Lafayette											
Lowndes						22		21			
Monroe											
Montgomery											
Noxubee											
Oktibbeha											
Webster											
Winston							20			30	30
Yalobusha											
Total						22	20	21		30	30
Difference						33	8	15	11	4	16

Mental Health GHSA V	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12-17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
Attala	19,658	14,772	2,744	1,221	4,216	3.10	1.51	2.07	0.54	1.69	2.32
Claiborne	12,263	8,464	2,180	1,191	3,800	1.78	1.20	1.18	0.52	1.52	2.09
Copiah	30,466	22,076	4,795	2,367	7,631	4.64	2.64	3.09	1.04	3.05	4.20
Hinds	238,871	172,662	38,326	17,888	59,823	36.26	21.08	24.17	7.87	23.93	32.90
Holmes	20,866	14,290	3,717	1,877	5,827	3.00	2.04	2.00	0.83	2.33	3.20
Issaquena	2,463	1,857	337	166	563	0.39	0.19	0.26	0.07	0.23	0.31
Leake	31,942	16,264	3,307	1,528	5,009	3.42	1.82	2.28	0.67	2.00	2.75
Madison	89,684	65,685	13,885	6,510	21,621	13.79	7.64	9.20	2.86	8.65	11.89
Rankin	142,629	107,331	20,132	8,943	30,742	22.54	11.07	15.03	3.93	12.30	16.91
Scott	28,936	21,222	4,445	2,054	6,780	4.46	2.44	2.97	0.90	2.71	3.73
Sharkey	5,828	4,143	4,009	463	1,490	0.87	2.20	0.58	0.20	0.60	0.82
Simpson	28,834	21,347	4,314	1,977	6,594	4.48	2.37	2.99	0.87	2.64	3.63
Smith	15,503	11,659	2,237	1,044	3,414	2.45	1.23	1.63	0.46	1.37	1.88
Warren	47,428	34,550	7,531	3,475	11,311	7.26	4.14	4.84	1.53	4.52	6.22
Yazoo	29,065	21,455	4,395	1,979	6,790	4.51	2.42	3.00	0.87	2.72	3.73
Total	744,436	537,777	116,354	52,683	175,611	112.93	63.99	75.29	23.18	70.24	96.59

(Continuation of GHSA V)

Mental Health GHSA V	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12-17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
Beds Available											
Attala											
Claiborne											
Copiah											
Hinds						133	12	135	10	44	44
Holmes											
Issaquena											
Leake											
Madison											
Rankin						48	59				
Scott											
Sharkey											
Simpson										57	57
Smith											
Warren								28	12		
Yazoo						40					
Total						221+15 abey	71+11 abey	163	22	101+16 CON	101+16 CON
Difference						(123)	(18)	63	(1)	(83)	4

Mental Health GHSA VI	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12-17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
Clarke	17,089	12,829	2,472	1,136	3,770	2.69	1.36	1.80	0.50	1.51	2.07
Kemper	11,033	8,014	1,745	904	2,800	1.68	0.96	1.12	0.40	1.12	1.54
Lauderdale	77,055	55,644	11,766	5,436	48,014	11.69	6.47	7.79	2.39	19.21	26.41
Neshoba	30,429	22,120	4,772	2,155	7,153	4.65	2.62	3.10	0.95	2.86	3.93
Newton	22,286	16,391	3,430	1,674	5,314	3.44	1.89	2.29	0.74	2.13	2.92
Wayne	21,525	15,702	3,361	1,523	5,116	3.30	1.85	2.20	0.67	2.05	2.81
Total	179,417	130,700	27,546	12,828	72,167	27.45	15.15	18.30	5.64	28.87	39.69
Beds Available											
Clarke											
Kemper											
Lauderdale						36	22	8		60	60
Neshoba											
Newton											
Wayne											
Total						36	22	8		60	60
Difference						(8.55)	(6.85)	10.30	5.64	(31.13)	(20.31)

Mental Health GHSA VII	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12-17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
Adams	30,497	22,986	4,341	1,958	6,583	4.83	2.39	3.22	0.86	2.63	3.62
Amite	13,303	10,101	1,763	784	2,744	2.12	0.97	1.41	0.34	1.10	1.51
Franklin	8,460	6,328	1,198	524	1,849	1.33	0.66	0.89	0.23	0.74	1.02
Jefferson	9,299	6,755	1,441	652	2,256	1.42	0.79	0.95	0.29	0.90	1.24
Lawrence	13,936	10,367	2,040	925	3,105	2.18	1.12	1.45	0.41	1.24	1.71
Lincoln	34,904	25,975	5,182	2,364	7,815	5.45	2.85	3.64	1.04	3.13	4.30
Pike	40,619	29,713	6,237	2,853	9,574	6.24	3.43	4.16	1.26	3.83	5.27
Walthall	14,944	11,016	2,232	1,004	3,400	2.31	1.23	1.54	0.44	1.36	1.87
Wilkerson	10,253	7,756	1,388	650	2,248	1.63	0.76	1.09	0.29	0.90	1.24
Total	176,215	130,997	25,822	11,714	39,574	27.51	14.20	18.34	5.15	15.83	21.77
Beds Available											
Adams											
Amite											
Franklin											
Jefferson											
Lawrence											
Lincoln											
Pike											
Walthall											
Wilkerson											
Total											
Difference						27.51	14.2	18.34	5.15	15.83	21.77

Mental Health GHSA VIII	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12- 17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
Covington	20,566	15,016	3,189	1,443	4,828	3.15	1.75	2.10	0.63	1.93	2.66
Forrest	78,869	57,902	12,087	5,801	20,326	12.16	6.65	8.11	2.55	8.13	11.18
Green	15,573	11,948	2,179	1,029	3,473	2.51	1.20	1.67	0.45	1.39	1.91
Jasper	18,659	13,723	2,786	1,240	4,239	2.88	1.53	1.92	0.55	1.70	2.33
Jefferson Davis	13,529	9,989	1,999	895	3,054	2.10	1.10	1.40	0.39	1.22	1.68
Jones	67,024	49,828	9,924	4,709	15,388	10.46	5.46	6.98	2.07	6.16	8.46
Lamar	46,891	34,503	7,088	3,122	10,787	7.25	3.90	4.83	1.37	4.31	5.93
Marion	25,514	18,878	3,895	1,803	5,923	3.96	2.14	2.64	0.79	2.37	3.26
Perry	13,060	9,604	2,031	899	3,071	2.02	1.12	1.34	0.40	1.23	1.69
Total	299,685	221,391	45,178	20,941	71,089	46.49	24.85	30.99	9.21	28.44	39.10
Beds Available											
Covington											
Forrest						40	16	32			
Green											
Jasper											
Jefferson Davis											
Jones								10			
Lamar											
Marion											
Perry											
Total						40	16	42			
Difference						6.49	8.85	(11.01)	9.21	28.44	39.10

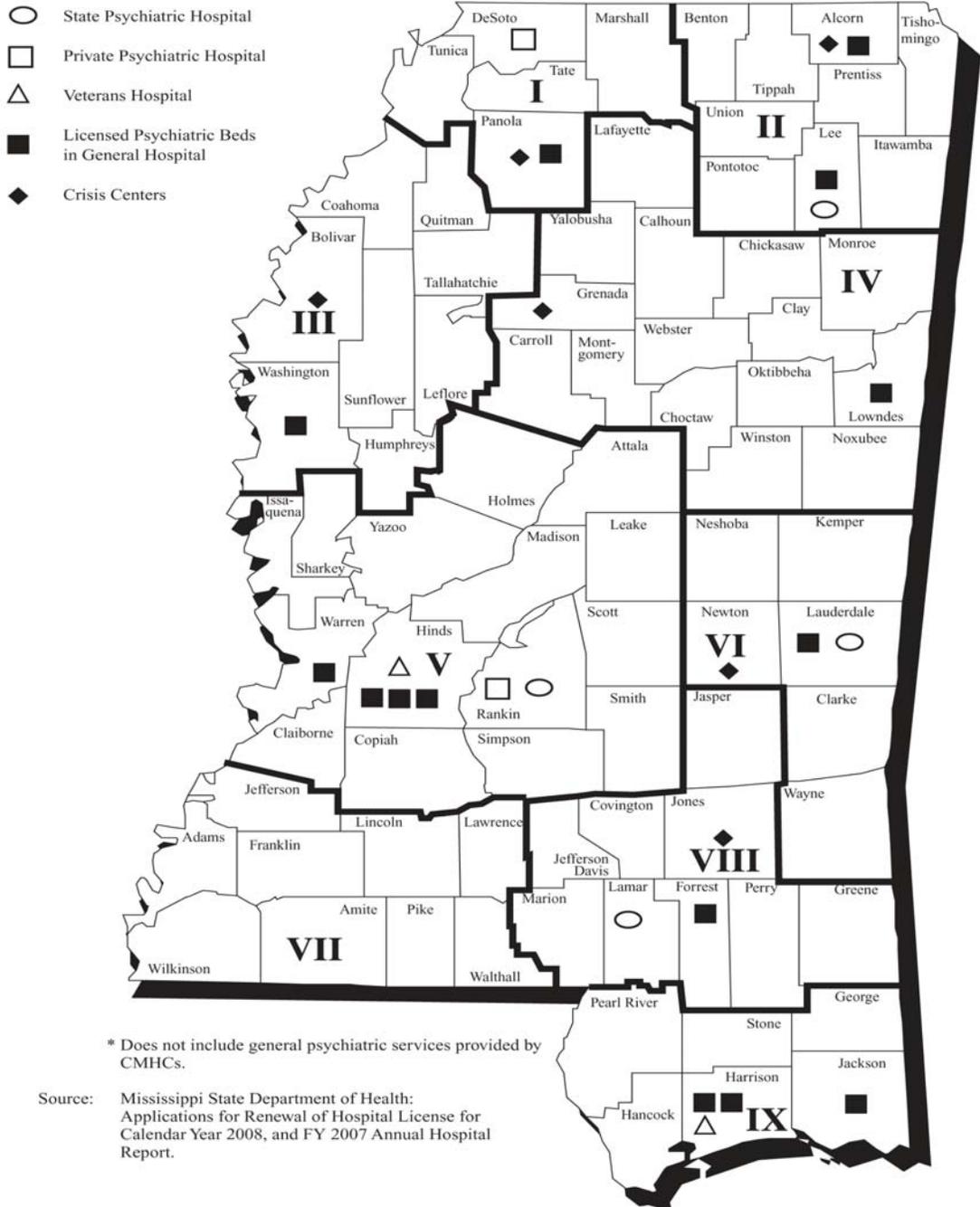
Mental Health GHSA IX	2010 Population	Age 18+	Age 7-17	Age 12-17	Age 5-21	Adult Psy Bed Need (.21/1000 Age 18+)	Ado. Psy Bed Need (.55/1000 Age 7-17)	Adult CDU (.14/1000 Age 18+)	Ado CDU (.44/1000 Age 12-17)	PRTF at (.4/1000 Age 5-21)	PRTF at (.55/1000 Age 5-21)
George	21,572	15,696	3,389	1,540	5,220	3.30	1.86	2.20	0.68	2.09	2.87
Hancock	49,548	38,412	6,491	2,900	10,014	8.07	3.57	5.38	1.28	4.01	5.51
Harrison	197,103	146,615	29,476	13,779	45,861	30.79	16.21	20.53	6.06	18.34	25.22
Jackson	140,832	105,211	20,628	6,400	31,759	22.09	11.35	14.73	2.82	12.70	17.47
Pearl River	55,302	41,581	7,885	3,562	12,103	8.73	4.34	5.82	1.57	4.84	6.66
Stone	15,605	11,347	2,497	1,240	3,889	2.38	1.37	1.59	0.55	1.56	2.14
Total	479,962	358,862	70,366	29,421	108,846	75.36	38.70	50.24	12.95	43.54	59.87
Beds Available											
George											
Hancock											
Harrison						93	41		20		
Jackson											
Pearl River											
Stone											
Total						93	41		20		
Difference						(17.64)	(2.30)	50.24	(7.05)	43.54	59.87
State Totals	2,985,550	2,194,748	455,620	211,347	728,291	461	251	307	93	291	401
State Beds Available						535	222	311	52	282	
Abeyance/CON Beds						Abey 20	Abey 11			CON 16	
Occupancy Rate						59.78	81.14	29.80	25.08	95.56	67.20
FY 2009 SHP Need						<u>470</u>	<u>249</u>	<u>313</u>	<u>111</u>	<u>282</u>	<u>282</u>
Difference						(85)	16	2	59	(7)	119
MDMH Beds						1,886	100	157	10	48	
Occupancy Rate						52.14	80.79	63.78	128.58	54.66	

Map 9-1

Operational and Proposed Inpatient Facilities

Serving Adult Acute Psychiatric Patients *

Proposed General Hospital Service Area B



* Does not include general psychiatric services provided by CMHCs.

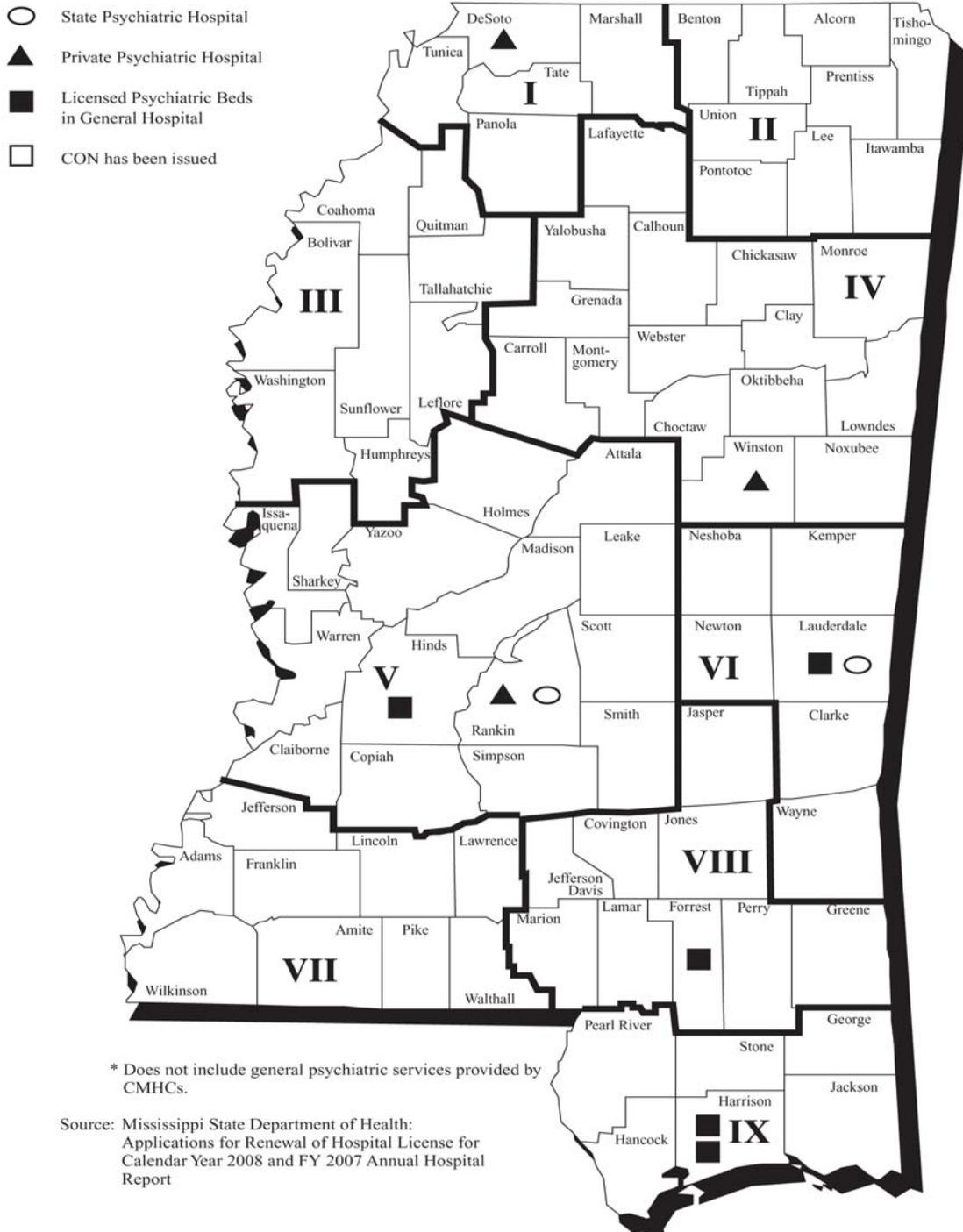
Source: Mississippi State Department of Health: Applications for Renewal of Hospital License for Calendar Year 2008, and FY 2007 Annual Hospital Report.

Map 9-2

Operational and Proposed Inpatient Facilities

Serving Adolescent Acute Psychiatric Patients*

Proposed General Service Area B

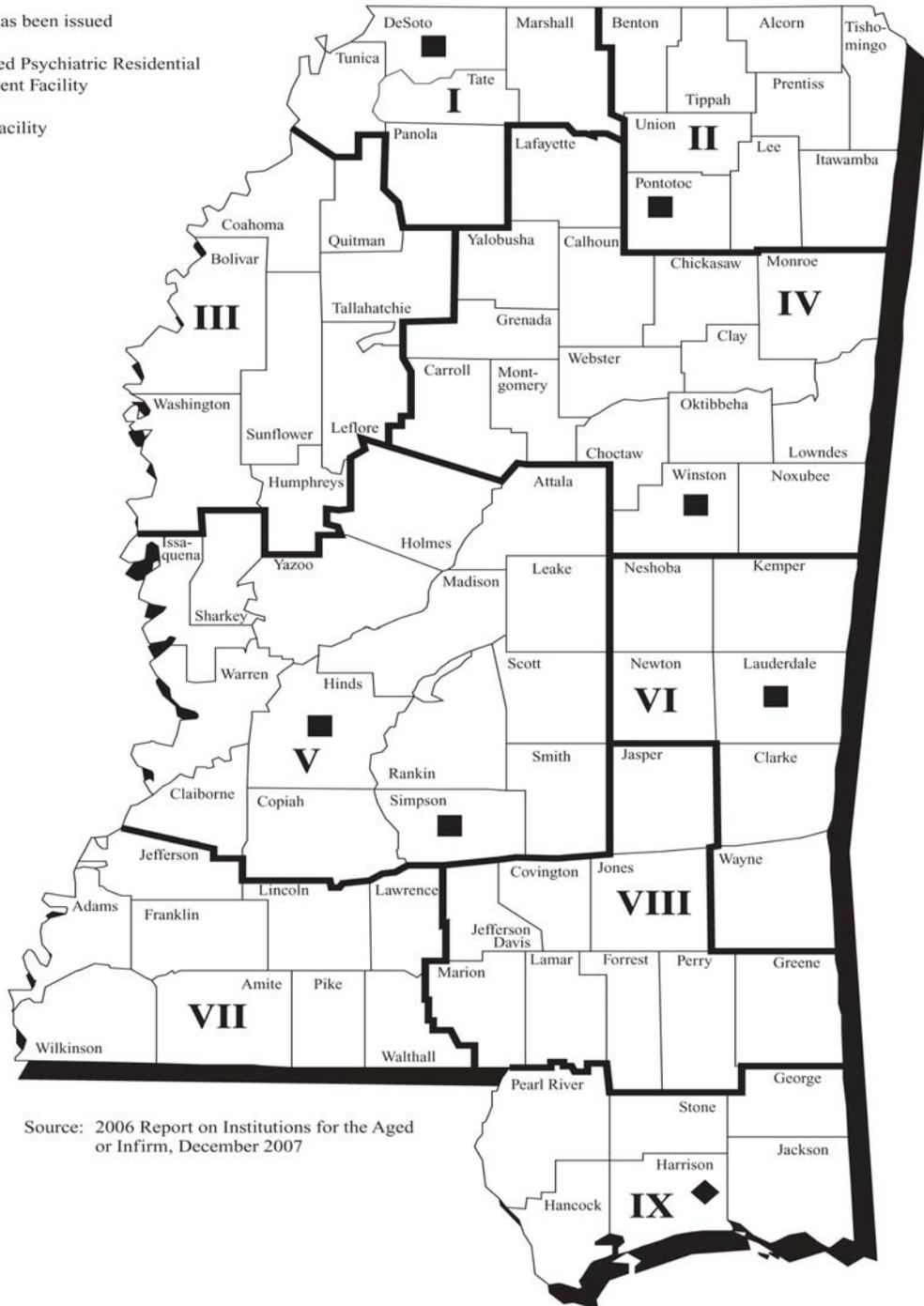


Map 9-3

Private Psychiatric Residential Treatment Facilities

Proposed General Hospital Service Area B

- CON has been issued
- Licensed Psychiatric Residential Treatment Facility
- State Facility



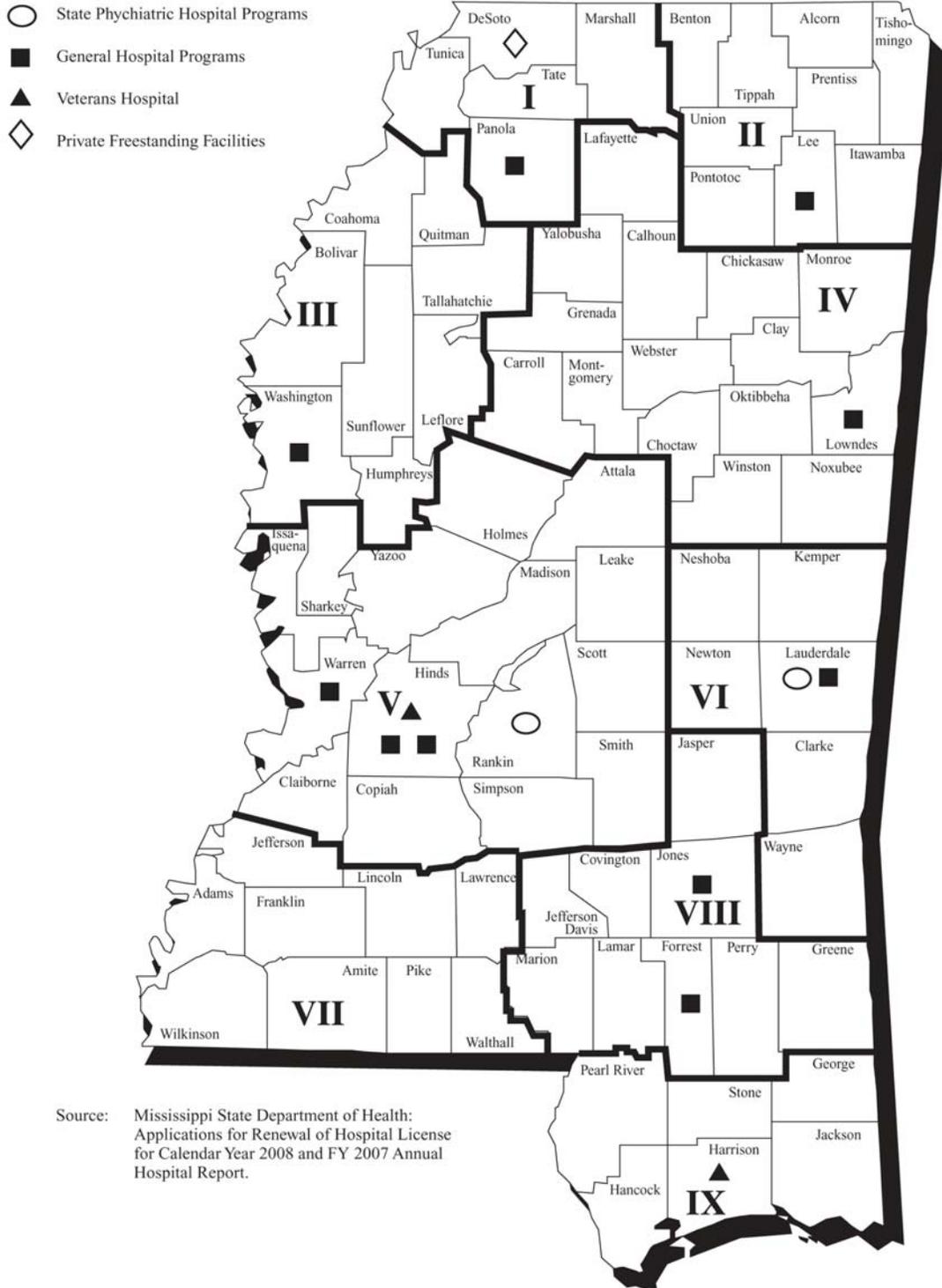
Source: 2006 Report on Institutions for the Aged or Infirm, December 2007

Map 9-4

Operational and Proposed Adult Chemical Dependency

Programs and Facilities

Proposed General Hospital Service Area B



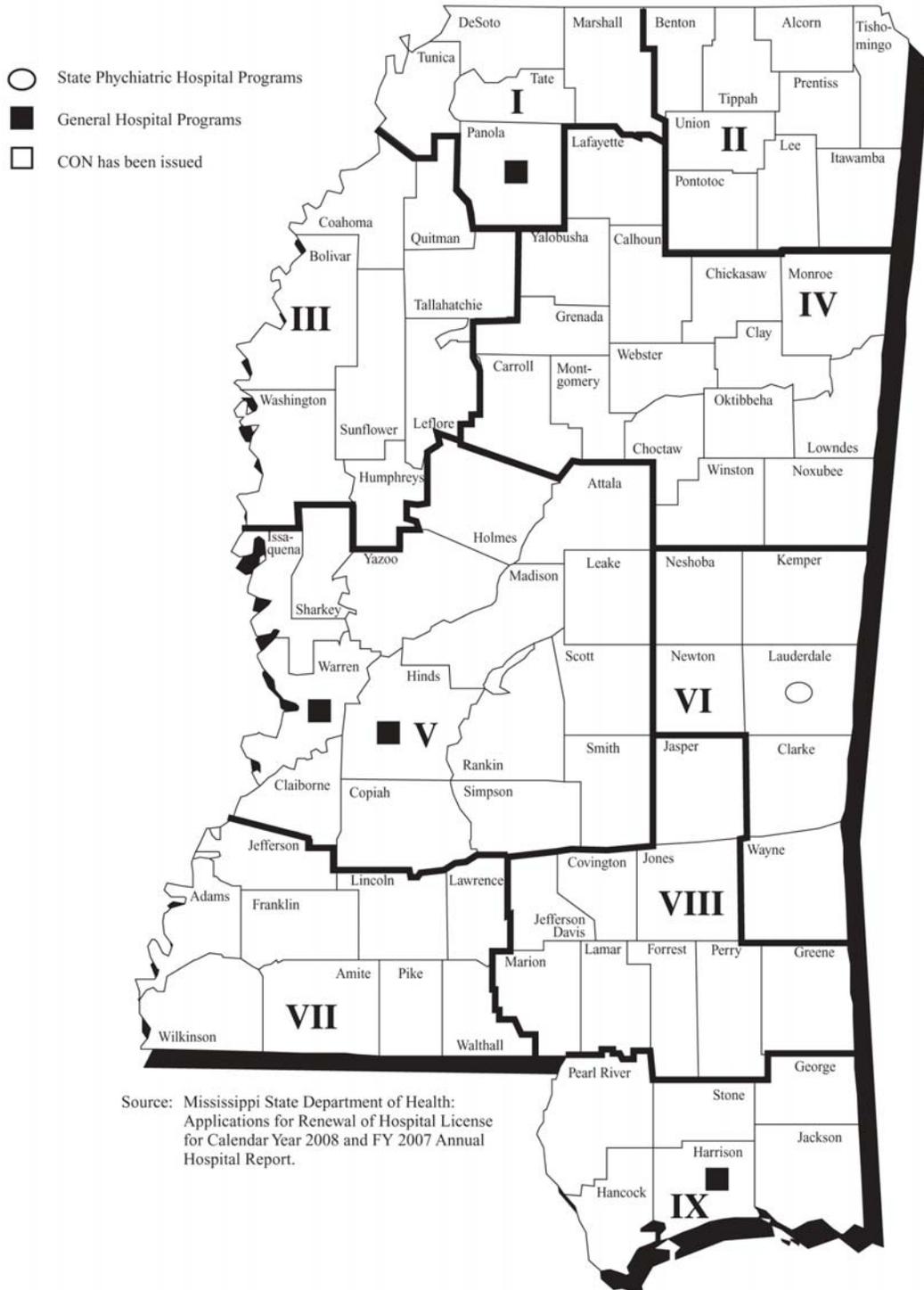
Source: Mississippi State Department of Health: Applications for Renewal of Hospital License for Calendar Year 2008 and FY 2007 Annual Hospital Report.

Map 9-5

Operational and Proposed Adolescent Chemical Dependency

Programs and Facilities

Proposed General Hospital Service Area B



8. EVALUATION OF GENERAL ECONOMIC IMPACT OF CON PROJECT

CHAPTER 8 - CRITERIA USED BY STATE DEPARTMENT OF HEALTH FOR EVALUATION OF PROJECTS

100 General Considerations

100.01 Projects will be reviewed by the Department as deemed appropriate. Review, evaluation, and determination of whether a CON is to be issued or denied will be based upon the following general considerations and any service specific criteria which are applicable to the project under consideration.

1. **State Health Plan:** The relationship of the health services being reviewed to the applicable State Health Plan.

NOTE: CON applications will be reviewed under the State Health Plan that is in effect at the time the application is received by the Department.

No project may be approved unless it is consistent with the State Health Plan. A project may be denied if the Department determines that the project does not sufficiently meet one or more of the criteria.

2. **Long Range Plan:** The relationship of services reviewed to the long range development plan, if any, of the institution providing or proposing the services.
3. **Availability of Alternatives:** The availability of less costly or more effective alternative methods of providing the service to be offered, expanded or relocated.
4. **Economic Viability:** The immediate and long-term financial feasibility of the proposal, as well as the probable effect of the proposal on the costs and charges for providing health services by the institution or service. Projections should be reasonable and based upon generally accepted accounting procedures.
 - a. The proposed charges should be comparable to those charges established by other facilities for similar services within the service area or state. The applicant should document how the proposed charges were calculated.
 - b. The projected levels of utilization should be reasonably consistent with those experienced by similar facilities in the service area and/or state. In addition, projected levels of utilization should be consistent with the need level of the service area.

- c. If the capital expenditure of the proposed project is \$2,000,000 or more, the applicant must submit a financial feasibility study prepared by an accountant, CPA, or the facility's financial officer. The study must include the financial analyst's opinion of the ability of the facility to undertake the obligation and the probable effect of the expenditure on present and future operating costs. In addition, the report must be signed by the preparer.
5. **Need for the Project:** One or more of the following items may be considered in determining whether a need for the project exists:
- a. The need that the population served or to be served has for the services proposed to be offered or expanded and the extent to which all residents of the area - in particular low income persons, racial and ethnic minorities, women, handicapped persons and other underserved groups, and the elderly - are likely to have access to those services.
 - b. In the case of the relocation of a facility or service, the need that the population presently served has for the service, the extent to which that need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons and other underserved groups, and the elderly, to obtain needed health care.
 - c. The current and projected utilization of like facilities or services within the proposed service area will be considered in determining the need for additional facilities or services. Unless clearly shown otherwise, data where available from the Division of Health Planning and Resource Development shall be considered to be the most reliable data available.
 - d. The probable effect of the proposed facility or service on existing facilities providing similar services to those proposed will be considered. When the service area of the proposed facility or service overlaps the service area of an existing facility or service, then the effect on the existing facility or service may be considered. The applicant or interested party must clearly present the methodologies and assumptions upon which any proposed project's impact on utilization in affected facilities or services is calculated. Also, the appropriate and efficient use of existing facilities/services may be considered.

- e. The community reaction to the facility will be considered. The applicant may choose to submit endorsements from community officials and individuals expressing their reaction to the proposal. If significant opposition to the proposal is expressed in writing or at a public hearing, the opposition may be considered an adverse factor and weighed against endorsements received.
6. **Access to the Facility or Service:** The contribution of the proposed service in meeting the health related needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services (for example, Medicaid eligibles, low income persons, racial and ethnic minorities, women, and handicapped persons), particularly those needs identified in the applicable State Health Plan as deserving priority. For the purpose of determining the extent to which the proposed service will be accessible, the state agency shall consider:
- a. The extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved and the extent to which medically underserved populations are expected to use the proposed services if approved;
 - b. The applicant's performance in meeting its obligation, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal financial assistance (including the existence of any civil rights access complaints against the applicant);
 - c. The extent to which the unmet needs of Medicare, Medicaid, and medically indigent patients are proposed to be served by the applicant; and
 - d. The extent to which the applicant offers a range of means by which a person will have access to the proposed facility or services.
7. **Information Requirement:** The applicants shall affirm in their application that they will record and maintain, at a minimum, the following information regarding charity care, care to the medically indigent, and Medicaid populations and make it available to the Mississippi Department of Health within 15 business days of request:

- a. Utilization data, e.g., number of indigent, Medicaid, and charity admissions, and inpatient days of care;
 - b. Age, race, sex, zip code and county of origin of patient;
 - c. Cost/charges per patient day and/or cost/charges per procedure, if applicable; and
 - d. Any other data pertaining directly or indirectly to the utilization of services by medically indigent, Medicaid, or charity patients which may be requested, i.e. discharge diagnosis, service provided, etc.
8. **Relationship to Existing Health Care System:** The relationship of the services proposed to be provided to the existing health care system of the area in which the services are proposed to be provided.
9. **Availability of Resources:** The availability of resources (including health personnel, management personnel, and funds for capital and operating needs) for the services proposed to be provided and the need for alternative uses of these resources as identified by the applicable State Health Plan.
- a. The applicant should have a reasonable plan for the provision of all required staff (physicians, nursing, allied health and support staff, etc.).
 - b. The applicant should demonstrate that sufficient physicians are available to insure proper implementation (e.g., utilization and/or supervision) of the project.
 - c. If the applicant presently owns existing facilities or services, he/she should demonstrate a satisfactory staffing history.
 - d. Alternative uses of resources for the provision of other health services should be identified and considered.
10. **Relationship to Ancillary or Support Services:** The relationship, including the organizational relationship, of the health services proposed to be provided to ancillary or support services.
11. The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.
12. **Access by Health Professional Schools:** If proposed health services are to be available in a limited number of facilities, the

extent to which any health professional school in the area will have access to the services for training purposes.

13. Special needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in the health services areas in which the entities are located or in adjacent health service areas. These entities may include medical and other health professional schools, multi-disciplinary clinics, and specialty centers, etc.
14. **Construction Projects:** All construction projects shall be designed and constructed with the objective of maximizing cost containment, protection of the environment, and conservation of energy. The impact of the construction costs, including financing charges on the cost of providing health care, shall be considered.
 - a. Each proposal involving construction shall be accompanied by a cost estimate.
 - b. Each proposal which involves construction, modernization, or alteration of the physical plant shall be accompanied by a copy of the schematic drawings.
 - c. Space allocations should conform to applicable local, state, or minimum standards. For all projects, state or other applicable licensing standards must be met by the proposal.
 - d. For new construction projects, modernization of existing facilities should be considered as an alternative, and the rejection of this alternative by the applicant should be justified.
 - e. The cost per square foot will be calculated based on the total project cost, minus cost of land and non-fixed equipment (specialized equipment such as fixed MRI, scanners, etc. are excluded from cost/square foot calculation). The following formulas will be used in calculation of the cost per square foot of projects:

New Construction/Renovation (Prorated Project)

$$\text{Cost/square foot (New Construction)} = \frac{A+C+D+(E+F+G(A\%))*}{\text{New Const. Sq. Ft.}}$$

$$\text{Cost/square foot (Renovation)} = \frac{B+(E+F+G(B\%))**}{\text{Renovation Sq. Ft.}}$$

New Construction (No Renovation Involved)

$$\text{Cost/Square Foot} = \frac{A+C+D+E+F+G}{\text{Sq. Ft.}}$$

Renovation (No New Construction)

$$\text{Cost/Square Foot} = \frac{B+C+E+F+G}{\text{Sq. Ft.}}$$

Where:

A = New Construction

B = Renovation

C = Fixed Equipment

D = Site Preparation

E = Fees

F = Contingency

G = Capitalized Interest

* = A% refers to percentage of sq. ft. allocated to new construction

** = B% refers to percentage of sq. ft. allocated to renovation

15. **Competing Applications:** The factors which influence the outcome of competition on the supply of health services being reviewed. Determination will be made that the entity approved is the most appropriate applicant for providing the proposed health care facility or service. Such determination may be established from the material submitted as to the ability of the person, directly or indirectly, to render adequate service to the public. Additional consideration may be given to how well the proposed provider can meet the criteria of need, access, relationship to existing health care system, availability of resources, and financial feasibility. In addition, the Department may use a variety of statistical methodologies, including but not limited to, "market share analysis," patient origin data, and state agency reports. In the matter of competing applications for nursing facility beds, the Department will conduct a comparative analysis and make a determination based upon a ranking of all competing applications according to the following factors: size of facility; capital expenditure; cost per square foot; cost per bed; staffing; Medicare utilization; total cost to Medicaid; per diem cost to Medicaid; continuum of care services, and community support*. Each factor shall be assigned an equal weight. The application obtaining the

lowest composite score in the ranking will be considered the most appropriate application.

Note: Community support letters submitted by and on behalf of an applicant for a CON for a nursing facility are valid only if signed by individuals who are eighteen (18) years of age or older and who reside in the county in which the proposed nursing facility will be located. In addition, each letter shall contain the name, address, occupation, telephone number of the signee, and certification that he/she is 18 years of age or older.

Any nursing facility applicant, who signs a written agreement to maintain continuous ownership and operation of the proposed nursing facility for a period of not less than three (3) years after initial licensure and who includes said agreement as part of the Certificate of Need application, shall have one point deducted from the total composite score of that application. However, in the event of default on the agreement (selling or leasing said facility in less than three (3) years from initial licensure) by an applicant, the applicant will be penalized by being barred from filing a CON application for a nursing facility for a period of three (3) years from the date of default.

16. **Quality of Care:** In the case of existing services or facilities, the quality of care provided by those facilities in the past.
17. **Economic Considerations:** The economic impact of the project to the local and state economy. This would include an analysis of the following for the first three years of operation of the project.
 - a. The number of new full time and part time jobs created associated with the project and any ancillary jobs created due to the project.
 - b. An estimate of direct and ancillary benefits as a result of the project to the local and state economy. Including considerations such as: enhancement of recruitment of business and industry into an area by providing a new or an improved medical delivery system for workers and improve productivity of workers; enhancement of recruitment of medical care providers into area, specifically health manpower scarcity areas; and an analysis of improvements to health care costs and efficiency in the delivery of health care or the health care system, both locally and statewide, such as reduced travel and ancillary expenses from having to seek out-of-area

health care, providing prevention of major medical expenses through early detection and treatment of chronic conditions, and other health promotion measures to promote better health of workers and improve health of general population.

- c. An estimate of local and state taxes to be paid by type for the project.