MISSISSIPPI

Citation Personal care homes -- assisted living: Mississippi regulations Part I §101.1 et seq.
Personal care homes -- residential living: Mississippi regulations Part I §101.1 et seq.
Personal care homes -- Alzheimer's Disease/Dementia care unit: Part I §101.1 et seq.

General Approach and Recent Developments

Revisions to the rules were adopted in 2005 and 2007. Regulations covering Alzheimer's disease units were adopted July 2001. The rules create two types of PCHs: assisted living and residential living. Homes licensed after August 13, 2005 must have a sprinkler system. A Medicaid waiver has been implemented.

Adult Foster Care

HB 2416, enacted in 2007, defines an AFC facility as a home setting for vulnerable adults in the community who are unable to live independently due to physical, emotional, developmental or mental impairments, or in need of emergency and continuing protective social services for purposes of preventing further abuse or neglect and for safeguarding and enhancing the welfare of the abused or neglected vulnerable adult. AFC programs shall be designed to meet the needs of vulnerable adults with impairments through individual plans of care, which provide a variety of health, social and related support services in a protective setting, enabling participants to live in the community. AFC programs may be traditional, where the foster care provider lives in the residence and is the primary caregiver to clients in the home; corporate, where the foster care home is operated by a corporation with shift staff delivery services to clients; or shelter, where the foster care home accepts clients on an emergency short-term basis for up to 30 days. The Department of Health issued regulations in October 2007 to implement the law. The rules are available at: http://www.msdh.state.ms.us/msdhsite/_static/resources/2347.pdf.

Web Address	Content
http://www.msdh.state.ms.us/msdhsite/_static/30,0,83,60.html	Rules

Supply						
Category	2007		2004		2002	
	Facilities	Units	Facilities	Units	Facilities	Units
Personal care homes	185	5,133	194*	4,197*	207	5,137
* July 2003.						

Definition

Assisted living means the provision of personal care and the addition of supplemental services to include, but not be limited to, the provision of medical services (i.e., medication procedures and medication administration) and emergency response services.

Facility means any home or institution that: (1) has sought or is currently seeking designation as a licensed facility under the terms of these regulations; or (2) is operating a home or institution unlawfully which, by its nature and operational intent, is required to be a licensed facility under the terms of these regulations."

Personal care home -- residential living. The terms "personal care home -- residential" and "residential personal care home" are defined as any place or facility operating 24-hours-a-day, seven days a week, accepting individuals who require personal care services or individuals who, due to functional impairments, may require mental health services to compensate for ADLs. Regulations by the licensing agency for such facilities are governed by the "Regulations Governing Licensure of Personal Care Homes -- Residential."

Personal care home -- assisted living. The terms "personal care home -- assisted living" and "assisted living personal care home" are defined as any place or facility operating 24-hours-a-day, seven days a week, accepting individuals who require assisted living services as governed by the state's regulations.

Unit Requirements

There must be at least 80 square feet for each resident in a bedroom. Residents shall not have to enter one bedroom through another bedroom. No more than four residents may share a bedroom. Separate toilet and bathing facilities shall be provided on each floor for each sex: one bathtub/shower for every 12 residents, and one lavatory and toilet for every six residents.

Admission/Retention Policy

Personal care residential living homes may not admit non-ambulatory residents, or anyone that requires physical restraints; poses a serious threat; requires nasopharyngeal and/tracheotomy suctioning; gastric feedings; IV fluids, medications or feedings; indwelling catheter; sterile wound care or treatment of decubitous ulcers or exfolitative dermatitis.

Personal care assisted living homes may admit residents whose needs can be met by the licensed facility. An appropriate resident for assisted living PCHs is primarily an aged ambulatory person who requires domiciliary care and who may require non-medical services, medical services such as medication assistance, emergency response services, and home health services as prescribed by a physician's order and as allowed by law. Residents who are unable to descend stairs unassisted may not be placed above the ground floor.

Tenants cannot be admitted or retained if they: require physical restraints; pose a serious threat to themselves or others; or require nasopharyngeal and/or tracheotomy suctioning; gastric feedings; IV fluids, medications, or feedings; an indwelling urinary catheter; sterile wound care; or treatment of decubitus ulcers or exfoliative dermatitis.

Aging-in-place legislation passed in 2001 that allows residents who need skilled services to continue to reside in the facility, if approved in writing by a licensed physician. No more than two residents, or 10% of residents in the facility, whichever is greater, may receive skilled services.

Nursing Home Admission Policy

Beneficiaries qualify for the waiver if they need assistance in three ADLs (i.e., eating, toileting, bathing, personal hygiene, ambulation, transferring, and/or dressing) or two ADLs plus a diagnosis of dementia. The assessment form is completed by a physician.

Services

Assisted living means the provision of personal care and the addition of supplemental services to include but not be limited to, the provision of medical services (i.e., medication procedures and medication administration) and emergency response. Social services and daily activities are also required.

Dietary

Facilities must provide three well-planned, attractive, and satisfying meals a day that meet the nutritional, social, emotional, and therapeutic needs of residents and that meet current recommended dietary allowances. All special diets must be planned by a licensed dietician who visits at least once every 30 days and files a consulting report. All facilities must have an employee dedicated to meal preparation and food service.

Agreements

The agreement must be signed prior to or on admission and must contain: basic charges agreed upon (i.e., room, board, laundry, and personal care); the period covered by the charges; services for which special charges are made; agreement regarding refunds for any payments made in advance; a statement that the operator shall make the resident's responsible party aware, in a timely manner, of any changes in the resident's status, including those which require transfer and discharge; or operators who have been designated as a resident's responsible party shall ensure prompt and efficient action to meet resident's needs.

In addition, facilities must give written notice when basic charges or facility policies change.

Provisions for Serving People with Dementia

Rules were adopted in 2001 that define Alzheimer's disease as a "chronic progressive disease of unknown causes that attacks brains cells or tissues."

The rules require three hours of nursing care per resident per day and require an RN or LPN on all shifts. Two staff must be available at all times. Staff orientation must cover the facility's philosophy of dementia care; a description of the dementias; policies and procedures; and common behaviors and recommended behavior management. In-service training must be provided quarterly on a variety of dementia-related topics, including the development of comprehensive and individual care plans, which must be appropriate and meaningful to each resident and be based on cultural and lifestyle differences. Topics are detailed in the training section.

A complete health assessment and an assessment by a licensed practitioner, whose practice includes assessment of cognitive, functional, and social abilities, must be carried out.

Therapeutic activities must be provided seven days a week by a certified therapeutic recreation specialist. Activities include leisure, self-care, and productive activities in the following areas: structured large and small groups; spontaneous intervention; domestic tasks; life skills; work; relationships/social; leisure; seasonal; holidays; personal care; meal time; and intellectual, spiritual, creative and physically active pursuits.

Physical environments rules require visual contrast between tables and dining utensils. Rooms can be individually identified to assist with recognition. Facilities must have policies and procedures to deal with residents who may attempt to wander outside the facility.

Medication Administration

Licensed staff may administer medications in assisted living settings. When the nurse is not on-duty, staff may use medication day planners and may pass medications to residents. In residential settings, since a nurse is not required, trained staff may assist with self-administration. Staff may determine which medication is to be taken, the dosage, or the time at which the medication is to be taken.

Public Financing

A Medicaid waiver was implemented as a pilot program in seven counties in 2001 to serve older adults, people with disabilities, and people with dementia. Services included in the payment are personal care; homemaker services; chore services; attendant care services;

medication oversight; therapeutic, social and recreational programs; intermittent skilled nursing services; transportation and attendant call systems. In 2006, coverage was expanded statewide. Fourteen facilities contract with the Medicaid program and serve 200 residents. Facilities receive a per diem rate of $33.18. The rate was developed based on case-mix adjusted rates paid to nursing homes for less impaired residents (PA1 and PA2). Average rates were computed for four nursing home rate components: direct standard care, care related rate, administrative costs, and operating costs. The payment rate consists of 40% of the direct care standard, 10% of the care related rate, and 50% of the administrative and operating rates. The remaining nursing home costs were considered to apply to room and board costs which are not covered by the Medicaid service rate.

Medicaid Participation					
2007		2004		2002	
Facilities	Participation	Facilities	Participation	Facilities	Participation
14	200	6	68	1	15

Staffing

Personal care assisted living homes must have one attendant per 15 or fewer residents from 7 a.m. to 7 p.m. and one attendant per 25 residents from 7 p.m. to 7 a.m. A licensed nurse must be on the premises eight hours a day.

Personal care residential living homes are not required to have a licensed nurse on staff.

Training

Administrator. Must be full-time and at least 21 years old and have a high school diploma or GED and must not be listed on the nurses aide abuse register.

Staff. Personnel shall receive on a quarterly basis appropriate training on the topics and issues related to the population being served. The training must be documented by a narrative of the content and the signatures of those attending.

An orientation for staff in dementia care facilities must be provided that covers the facility's philosophy, a description of the disease, the facility's policies and procedures regarding the general approach to care including therapies provided; treatment modalities; admission, discharge and transfer criteria; basic services provided; policies regarding restraints, wandering, and egress control; medication management; nutrition management techniques; staff training; family activities; and common behavior problems and recommended behavior management.

Quarterly in-service training must be provided that covers hands-on training in at least three of the following topics: nature and progression of the disease; common behavior problems and management techniques; positive therapeutic interventions; role of the family; environmental modifications; developing individual and comprehensive care plans and how to implement them across shifts; and new developments in diagnosis and therapy.

Background Check

The administrator and all direct care staff must document that they are not listed on the Nurses Aide Abuse Registry. Effective October 2003, a criminal background check must be completed for all new employees who provide direct patient care or services and employees employed prior to July 2003 who have documented disciplinary action by the present employer. The regulations list 14 offenses for which a person may not be employed.

Monitoring

Facilities are inspected by the Mississippi Department of Health at such intervals as the Department may direct. Operators are required to spend two concurrent days with the licensing agency for training and mentoring within six months of employment. The operator may be assigned within central offices or with a survey team. Surveyors who have passed the Surveyor Minimum Qualifications Test are also required to spend two concurrent days with a licensed facility for training and mentoring within six months of employment.

Fees

The initial application fee is $100 and $15 per bed. Renewal fees are $15 per bed. A fee is charged for modifications, renovations, expansions, conversions, or replacements at the rate of $50 per hour for review and/or inspection, not to exceed $5,000.

RESIDENTIAL CARE AND ASSISTED LIVING COMPENDIUM: 2007

Files Available for This Report

REPORT INTRODUCTION (*including Cover, Table of Contents, Acknowledgments, and Acronyms*)

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom.pdf

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.pdf

SECTION 2. Comparison of State Policies

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.pdf

SECTION 3. State Summaries

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.pdf

Each state's summary can also be viewed separately at:

Alabama	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf
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