

Title 23: Division of Medicaid

Part 207: Institutional Long Term Care

Part 207 Chapter 2: Nursing Facility

Rule 2.19: Disaster Procedures

- A. Nursing facilities must comply with all federal, state, local, and Mississippi State Department of Health (MSDH) emergency preparedness requirements, and must establish and maintain an emergency preparedness program in accordance with 42 C.F.R. § 483.73.
- B. Nursing facilities must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually and must:
 - 1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
 - 2. Include strategies for addressing emergency events identified by the risk assessment.
 - 3. Address resident population, including, but not limited to, persons at-risk; the type of services the nursing facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
 - 4. Include a process for cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the nursing facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.
- C. Nursing facilities must develop a system to track the location of on-duty staff and sheltered residents in the nursing facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the nursing facility must document the specific name and location of the receiving facility or other location.
- D. Nursing facilities may temporarily transfer or discharge residents to other in-state nursing facilities or to an evacuation location identified in their MSDH approved emergency operations plan during declared public health emergencies and must:
 - 1. Determine by day fifteen (15) of the evacuation whether or not residents will be able to return to the evacuating facility within thirty (30) days from the date of the evacuation.
 - 2. Notify all residents and/or their responsible parties, receiving facilities, MSDH and the Division of Medicaid of the determination of whether or not the residents will be able to return to the evacuating facility within thirty (30) days. The evacuating facility must confirm and document that all parties noted above have received their determination and

notice.

- a) Nursing facilities transferring residents to an in-state nursing facility with an anticipated return to the evacuating facility within thirty (30) days may bill the Division of Medicaid for the services that were provided at the receiving facility for a maximum of thirty (30) days and:
 - 1) Must notify the resident and, if known, a family member or legal guardian/representative of the transfer and the transfer location.
 - 2) Must code the Minimum Data Set (MDS) as though the resident was never transferred as long as the resident's return to the facility is within the thirty (30) day timeframe.
 - 3) Must follow all inpatient hospital and home/therapeutic leave policies regardless of whether the resident is on home leave, at the evacuating facility, or the receiving facility.
 - 4) Are responsible for payment to the receiving facility for the services that the receiving facility provides to the evacuated residents.
 - 5) Cannot include the evacuating residents in their census and must report actual costs incurred by the evacuating facility for all residents in its care. The receiving facility must report the actual census, including the evacuated residents, and the actual costs incurred by the receiving facility. No offset of the revenue received from the evacuating facility will be required.
 - 6) Cannot include payments made or transferred to the receiving facility for evacuated residents on the cost report.
- b) Evacuating nursing facilities must discharge residents within the thirty (30) day timeframe who will not return to the facility within thirty (30) days and must:
 - 1) Notify the resident and, if known, a family member or legal guardian/representative of the discharge and the location to where the resident is being evacuated.
 - 2) Complete and submit the applicable communication form, including the discharge date, to the appropriate Division of Medicaid Regional Office.
 - 3) Complete and submit a discharge MDS assessment, a discharge summary including the discharge date, along with the following medical information, including, but not limited to:
 - (a) Current physician orders,

- (b) Most recent history and physical,
 - (c) Current medication administration record,
 - (d) Nutritional assessment, and
 - (e) Advanced directives, and
- 4) Comply with all admission requirements for any subsequent readmissions after the thirty (30) day timeframe.
- c) The nursing facility receiving evacuated residents who will not return to the evacuated facility within thirty (30) days must admit the evacuated nursing facility residents within the thirty (30) day timeframe and:
- 1) Must comply with all nursing facility admission requirements.
 - 2) Complete and submit the applicable communication form, including the admission date, to the appropriate Division of Medicaid Regional Office.
 - 3) Is not required to complete a new preadmission form for the admission of evacuated residents during the disaster period.

E. Nursing facilities may submit requests to MSDH or the Centers for Medicare and Medicaid Services (CMS) to operate under the 1135 waiver authority during a disaster or emergency.

Source: 42 C.F.R. § 483.73; Miss. Code Ann. § 43-13-121.

History: Revised Miss. Admin. Code Part 207, Rule 2.19.D. and removed Part 207, Rule 2.19.E. eff. 04/01/2018; New Rule eff. 08/01/2017.

Part 207 Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Rule 3.12: Disaster Procedures

- A. Intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) must comply with all federal, state, local, and Mississippi State Department of Health (MSDH) emergency preparedness requirements and must establish and maintain an emergency preparedness program in accordance with 42 C.F.R. § 483.475.
- B. ICF/IIDs must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually and must:
- 1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.

2. Include strategies for addressing emergency events identified by the risk assessment.
 3. Address the special needs of its ICF/IID population, including, but not limited to, persons at-risk; the type of services the ICF/IID has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
 4. Include a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the ICF/IID's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.
- C. ICF/IIDs must develop a system to track the location of on-duty staff and sheltered residents in the ICF/IID's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the ICF/IID must document the specific name and location of the receiving facility or other location.
- D. ICF/IIDs may temporarily transfer or discharge residents to other in-state ICF/IIDs or to an evacuation location identified in their MSDH approved emergency operations plan during declared public health emergencies and must:
1. Determine by day fifteen (15) of the evacuation whether or not residents will be able to return to the evacuating facility within thirty (30) days from the date of the evacuation.
 2. Notify all residents and/or their responsible parties, receiving facilities, MSDH, the Department of Mental Health (DMH), and the Division of Medicaid of the determination of whether or not the residents will be able to return to the evacuating facility within thirty (30) days. The evacuating facility must confirm and document that all parties noted above have received their determination and notice.
 - a) ICF/IIDs transferring residents to an in-state ICF/IID with an anticipated return to the evacuating facility within thirty (30) days may bill the Division of Medicaid for the services that were provided at the receiving facility for a maximum of thirty (30) days and:
 - 1) Must notify the resident and, if known, a family member or legal guardian/representative of the transfer and the transfer location.
 - 2) Must follow all inpatient hospital and home/therapeutic leave policies regardless of whether the resident is on home leave, at the evacuating facility or the receiving facility.
 - 3) Are responsible for payment to the receiving facility for the services that the receiving facility provides to the evacuated residents.

- 4) Cannot include the evacuating residents in their census and must report actual costs incurred by the evacuating facility for all residents in its care. The receiving facility must report the actual census, including the evacuated residents, and the actual costs incurred by the receiving facility. No offset of the revenue received from the evacuating facility will be required.
 - 5) Cannot include payments made or transferred to the receiving facility for evacuated residents on the cost report.
- b) Evacuating ICF/IIDs must discharge residents within the thirty (30) day timeframe who will not return to the evacuating facility within thirty (30) days and must:
- 1) Notify the resident and, if known, a family member or legal guardian/representative of the discharge and location to where the resident is being evacuated.
 - 2) Complete and submit the applicable communication form, including the discharge date, to the appropriate Division of Medicaid Regional Office.
 - 3) Complete and submit to the receiving facility, a discharge summary, including the discharge date, along with the following medical information including, but not limited to:
 - (a) Current physician orders,
 - (b) Current Individual Support Plan (ISP),
 - (c) Psychological history,
 - (d) Social history,
 - (e) Most recent history and physical,
 - (f) Current medication administration record,
 - (g) Nutritional assessment, and
 - (h) Advanced directives, and
 - 4) Comply with all normal admission requirements for any subsequent readmissions after the thirty (30) day timeframe.
- c) The ICF/IID receiving evacuated residents who will not return to the evacuated facility within thirty (30) days must admit the evacuated ICF/IID residents within the thirty (30) day timeframe and:

- 1) Must comply with all normal admission requirements.
- 2) Complete and submit the appropriate communication form, including the admission date, to the appropriate Division of Medicaid Regional Office.
- 3) Is not required to complete a new ICF/IID preadmission form for the admission of evacuated residents during the disaster period.

E. ICF/IIDs may submit requests to MSDH or the Centers for Medicare and Medicaid Services (CMS) to operate under the 1135 waiver authority during a disaster or emergency.

Source: 42 C.F.R. § 483.475; Miss. Code Ann. § 43-13-121.

History: Revised Miss. Admin. Code Part 207, Rule 3.12.D. and removed Part 207, Rule 3.12.E eff. 04/01/2018; New Rule eff. 08/01/2017.