Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

CHAPTER 1 MINIMUM STANDARDS OF OPERATION FOR HOSPICE

Subchapter 2 LEGAL AUTHORITY

Rule 1.2.2 **Effective date of Rules, Regulations, and Minimum Standards for Hospice -** The provisions of this rule shall govern all hospice agencies, regardless of the date of issuance of license.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.2.3 **Fire Safety** - No freestanding hospice may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire (Refer to NFPA 10 and NFPA 72).

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 3 DEFINITIONS

Rule 1.3.1 Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

1. **Administrator** – Means the person, designated by the governing body, who is responsible for the management of the overall operation of the hospice.

2. **Advance Directives** – Directive from the patient/family (see definition of family) such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will, or an oral directive which either states a person's choices for medical treatment or, in the event the person is unable to make treatment choices, designates who shall make those decisions.

3. **Attending/Primary Physician** – A Doctor of Medicine or Osteopathy licensed to practice medicine in the State of Mississippi, who is designated by the patient or responsible party as the physician responsible for his/her medical care.

4. **Bereavement Services** – Organized services provided under the supervision of a qualified counselor (see definition) to help the family cope with death related grief and loss. This shall be available for at least one year after the death of the patient.

5. **Autonomous** – Means a separate and distinct operational entity which functions under its own administration and bylaws, either within or independently of a parent organization.

6. **Bed Capacity** – Means the largest number which can be installed or set up in the freestanding hospice at any given time for use of patients. The bed capacity shall be based upon space designed and/or specifically intended for such use whether or not the beds are actually installed or set up.

7. **Bed Count** – Means the number of beds that are actually installed or set for patients in freestanding hospice at a given time.

8. **Branch Office/Alternate Site** – A location or site from which a hospice agency provides services within a portion of the total geographic area served by the parent agency. The branch is a part of the parent hospice agency and is located within the 50-mile radius of the parent agency and shares administration and supervision. No branch office site shall be opened unless the parent office has had full licensure for the immediately preceding 12 months and has admitted 3 patients within the last twelve (12) months. A branch office does not extend the Geographic Service Area of the Parent Agency.

9. **Bureau** – Mississippi State Department of Health, Bureaus of Health Facilities, Licensure and Certification.

10. **Care Giver** – The person whom the patient designates to provide his/her emotional support and/or physical care.

11. **Chaplain** – Means an individual representative of a specific spiritual belief who is qualified by education received through accredited academic or theological institutions, and/or experience thereof, to provide counseling and who serves as a consultant for and/or core member of the hospice care team.

12. **Change of Ownership** – Means but is not limited to, intervivos, gifts, transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (fifty percent (50%) or more) of the facility or service. Changes of ownership from partnerships, single proprietorships, or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. The change of IRS exemption status also constitutes a change of ownership.

13. **Community** – A group of individuals or a defined geographic area served by a hospice.

14. **Continuous Home Care** – Care provided by the hospice during a period of crisis as necessary to maintain the terminally ill individual at home. A minimum of eight hours of care must be furnished on a particular day to be considered continuous home care. Nursing care must be provided for more than one-half of the period of care and must be provided by either a registered nurse or licensed practical nurse. Services may be provided by a homemaker or hospice aide to supplement the nursing care. When determining the necessity for continuous home care, a registered nurse must complete/document a thorough assessment and plan of care that includes participation of all necessary disciplines to meet the patient's identified needs, prior to assigning a licensed practical nurse, homemaker, or a hospice aide to a patient requiring continuous home care. This assignment must comply with accepted professional standards of practice.

15. **Contracted Services** – Services provided to a hospice provider or its patients by a third party under a legally binding agreement that defines the roles and responsibilities of the hospice and service provider.

16. **Core Services** – Nursing services, physician services, medical social services, and counseling services, including bereavement counseling, spiritual counseling, and any other counseling services provided to meet the needs of the individual and family. These services must be provided by employees of the hospice, except that physician services and counseling services may be provided through contract.

17. **Counselor** – Means an individual who has at least a bachelor's degree in psychology, a master's, or bachelor's degree from a school of social work accredited by the Council on Social Work Education, a bachelor's degree in counseling; or the documented equivalent of any of the above in education, training in the spiritual care of the dying and end of life issues, and who is currently licensed in the state of Mississippi, if applicable. Verification of education and training must be maintained in the individual's personnel file.

18. **Department** – Means the Mississippi State Department of Health (MSDH).

19. **Discharge** – The point at which the patient's active involvement with the hospice program is ended and the program no longer has active responsibility for the care of the patient.

20. **Dietitian** – Means a person who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and/or experience.

21. **Do Not Resuscitate Orders (DNR)** – Orders written by the patient's physician which stipulate that in the event the patient has a cardiac or respiratory arrest, cardiopulmonary resuscitation will not be initiated or performed.

22. **Emotional Support** – Support provided to assist the person in coping with stress, grief, and loss.

23. **Family Unit** – Means the terminally ill person and his or her family, which may include spouse, children, sibling, parents, and other with significant personal ties to the patient.

24. **Freestanding Hospice**– Freestanding Hospice means a hospice that is not a part of any other type of health care provider.

25. **Geographic Service Area** – Area around the Parent Office, which is within 50-miles radius of the Parent Office premises. Each hospice must designate the geographic service area in which the agency will provide services. Should any portion of a county fall within a 50-mile radius of the Parent, then the entire county may fall within the geographic service area of the Parent. Nothing herein is intended to automatically expand the service area of any existing Parent. A hospice shall seek approval of the Department for any expansion of their service area. The full range of hospice services, as specified, must be provided to the entire designated geographic services area.

26. **Governing Body**- A hospice program shall have a clearly defined organized governing body that has autonomous authority for the conduct of the hospice program. (Section: 41-85-19) This governing body is not required to meet more often than quarterly. Written minutes and attendance of governing body minutes shall be maintained.

27. **Hospice Aide**-An individual who is currently qualified in the State of Mississippi to provide personal care services to hospice patients under the direction of a registered nurse of the hospice.

28. **Hospice Inpatient Facility** – Organized facilities where specific levels of care ranging from residential to acute, including respite, are provided on a 24-hour basis within the confines of a licensed hospital, nursing home, or freestanding hospice in order to meet the needs of the patient/family. A hospice inpatient facility shall meet the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations.

29. **Hospice** – Means an autonomous, centrally administered, nonprofit or for profit medically directed, nurse-coordinated program providing a continuum of home, outpatient, and homelike inpatient care for not less than four (4) terminally ill patients and their families. It employs a hospice care team (see definition of hospice care team) to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social, and economic stresses which are experienced during the final stages of illness and during dying and bereavement. This care is available twenty-four (24) hours a

day, seven (7) days a week, and is provided on the basis of need regardless of inability to pay. (Section 41-85-3)

30. **Hospice Care Team-** Means an interdisciplinary team which is a working unit composed by the integration of the various helping professions and lay persons providing hospice care. Such team shall, as a minimum, consist of a licensed physician, a registered nurse, a social worker, a member of the clergy, or a counselor and volunteers.

31. **Hospice Services** – Means items and services furnished to an individual by a hospice, or by others under arrangements with such a hospice program.

32. **Hospice Physician** – A Doctor of Medicine or Osteopathy who is currently and legally authorized to practice medicine in the State of Mississippi and is designated by the hospice to provide medical care to hospice patients, in coordination with the patient's primary physician.

33. **Hospice Premises** – The physical site where the hospice maintains staff to perform administrative functions, maintains its personnel records, maintains its client service records, and holds itself out to the public as being a location for receipt of client referrals. A hospice must be physically located within the State of Mississippi. A license for a hospice program shall not be issued if the hospice is to be located in an area in violation of any local zoning ordinance or regulation.

34. **Informed Consent** – A documented process in which information regarding the potential and actual benefits and risks of a given procedure or program of care is exchanged between provider and patient.

35. **Inpatient Services** – Care available for General Inpatient Care or Respite Care that is provided in an Inpatient Hospice Facility, hospital, or SNF that meets the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations.

36. **Interdisciplinary Group (IDG)** – An interdisciplinary group(s) designated by the hospice, composed of representatives from all the core services. The Interdisciplinary Group **must** include at least a Doctor of Medicine or Osteopathy, a registered nurse, a social worker, and a pastoral or other counselor. The interdisciplinary group is responsible for participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care, and establishment of policies governing the day-to-day provision of hospice care and services. If a hospice has more than one interdisciplinary team; it must designate, in advance, the group it chooses to execute the establishment of policies governing the day-to-day provision of hospice care and services.

37. **Interdisciplinary Team Conferences** – Regularly scheduled periodic meetings of specific members of the interdisciplinary team (see Rule 1.3.36) to review the most current patient/family assessment, evaluate care needs, and update the plan of care.

38. **Level of Care** – Hospice care is divided into four categories of care rendered to the hospice patient.

    A. Routine home care

    B. Continuous home care

    C. Inpatient respite care

    D. General inpatient care

39. **License (Hospice)** – A document permitting an organization to practice hospice care for a specific period of time under the rules and regulations set forth by the State of Mississippi.

40. **Licensing Agency**- Means the Mississippi State Department of Health.

41. **Life-Threatening** – Causes or has the potential to cause serious bodily harm or death of an individual.

42. **Medically Directed** – Means that the delivery of medical care is directed by a licensed physician who is employed by the hospice for the purpose of providing ongoing palliative care as a participating caregiver on the hospice care team.

43. **Medical Social Services** – Include a comprehensive psychosocial assessment; ongoing support for the patient and family; and assistance with coping skills, anticipatory grief, and grief reactions.

44. **Non-Core Services**- Services provided directly by hospice employees or under arrangement that are not considered Core Services. These services include, but are not limited to:

    A. Hospice aide and homemaker

    B. Physical therapy services

    C. Occupational therapy services

    D. Speech-language pathology services

    E. General inpatient care

F. Respite care

G. Medical supplies and appliances including drugs and biologicals.

45. **Nurse Practitioner/Physician Assistant** – Shall mean a nurse who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Nurse Practice Act or a physician assistant who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Physician Assistants Act.

46. **Occupational Therapist** – Means a person licensed to practice Occupational Therapy in the State of Mississippi.

47. **Outpatient Care**- Means any care rendered or coordinated by the hospice care team that is not "home care" or "inpatient care".

48. **Palliative Care** – Means the reduction or abatement of pain and other troubling symptoms by appropriate coordination of all elements of the hospice care team needed to achieve needed relief of distress.

49. **Parent Office** – The primary location or site from which a hospice agency provides services within a Geographic Service Area. The Parent Office is used to determine the base of the Geographic Service Area.

50. **Patient** – Shall mean the terminally ill individual who meets criteria as defined per State law.

51. **Period of Crisis** – A period in which a patient required predominately nursing care to achieve palliation or management of acute medical problems.

52. **Person** – Means an individual, a trust or estate, partnership, corporation, association, the state, or a political subdivision or agency of the state.

53. **Physical Therapist** – Means an individual who is currently licensed to practice physical therapy in the State of Mississippi.

54. **Plan of Care (POC)** – A written document established and maintained for each individual admitted to a hospice program. Care provided to an individual must be in accordance with the plan. The plan must include a comprehensive assessment of the individual's needs and identification of the care/services including the management of discomfort and symptom relief

55. **Primary Care person** – A person designated by the patient who agrees to give continuing support and/or care.

56. **Registered Nurse** – An individual who is currently licensed in the State of Mississippi or in accordance with criteria established per the Nurse Compact Act and is performing nursing duties in accordance with the Mississippi Nurse Practice Act.

57. **Representative** – An individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.

58. **Residential Care**- Hospice care provided in a nursing facility or any residence or facility other than the patient's private residence.

59. **Respite Care**- Short-term care provided in an Inpatient Hospice Facility, hospital, or SNF that meets the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations. Respite care is short-term inpatient care provided to the patient only when necessary to relieve the family members or other persons caring for the patient. Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time.

60. **Social Worker** – An individual who has a degree from a school of social work accredited by the Council on Social Work Education and is licensed by the State of Mississippi.

61. **Speech Pathologist** – Shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association and is currently licensed as a Speech and Language Pathologist in the State of Mississippi.

62. **Spiritual Services** – Providing the availability of clergy, as needed, to address the patient's/family's spiritual needs and concerns.

63. **Terminally Ill**- A medical prognosis of limited expected survival of approximately six months or less, if the disease follows its normal course, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone outside the context of symptom control are no longer appropriate.

64. **Volunteer** – Means a trained individual who provides support and assistance to the patient, family, or organization, without remuneration, in accord with the plan of care developed by the hospice core team and under the supervision of a member of the hospice staff appointed by the governing body or its designee. All volunteers must follow the same rules as employees regarding background checks and health screenings.

65. **Director of Volunteers** - Means a person who directs the volunteer program in accordance with the acceptable standards of hospice practice.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 8 APPLICATION FOR LICENSE

Rule 1.8.3 The application shall include complete information concerning the address of the applicant; the ownership of the hospice; if organized as a corporation, the names and addresses of each officer and director of the corporation; if organized as a partnership, the names and addresses of each partner; membership of the governing body; the identities of the medical director and administrator; and any other relevant information which the Mississippi State Department of Health may require. A written amendment to the current application shall be filed when there is a change in any of the information reported in the application.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.5 A license shall be issued to the person(s) named only for the premises listed on the application for licensure. Separate applications and licenses are required for hospices maintained separately, even if they are owned or operated by the same person(s), business or corporation, and may be doing business under the same trade name. No hospices shall establish a branch/satellite facility outside the geographic service area.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.6 Licenses are not transferable or assignable by the licensee.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.8 **Deleted**

Rule 1.8.10 Operational Requirements/Conditions of Operation – In order for a hospice program to be considered operational, the program must:

1. Have admitted at least three patients since the last annual survey;

2. Be able to accept referrals at any time;

3. Have adequate staff to meet the needs of their current patients;

4. Have required designated staff on the premises at all times during business hours;

5. Be immediately available by telecommunications 24 hours per day. A registered nurse must answer calls from patients and other medical personnel after hours;

6. Be open for business of providing hospice services to those who need assistance.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 12 TERMINATION OF OPERATION

Rule 1.12.1 **General** – In the event that a Hospice ceases operation, voluntarily or otherwise, the agency shall:

1. Inform the attending physician, patient, and persons responsible for the patient's care in ample time to provide for alternate methods of care;
2. Provide the receiving facility or agency with a complete copy of the clinical record;
3. Inform the community through public announcement of the termination;
4. Ensure the safekeeping, confidentiality, and storage of all clinical records for a period of six (6) years, following discharge, and notify Mississippi State Department of Health, in writing, the location of all records;
5. Return the license to the licensing agency.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 13 ADMINISTRATION

Rule 1.13.1 **Governing Body**

1. A hospice shall have a governing body (See Definition) that assumes full legal responsibility for compliance with these regulations and for setting policy, appointing persons to carry out such policies, and monitoring the hospice's total operation.
2. Written minutes and attendance of governing body minutes shall be maintained.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.13.2 **Medical Director**

1. Each hospice shall have a Medical Director, who, on the basis of training, experience and interest, shall be knowledgeable about the psychosocial and medical aspects of hospice care. Must be a physician licensed to practice in the state. The hospice may have multiple hospice physicians but only one Medical Director.

2. The Medical Director shall be appointed by the governing body or its designee.

3. The Medical Director is expected to play an integral role in providing medical supervision to the hospice interdisciplinary group and in providing overall coordination of the patient's plan of care. The Medical Director's expertise in managing pain and symptoms associated with the patient's terminal disease is necessary, regardless of the setting in which the patient is receiving services to assure that the hospice patient has access quality hospice care.

4. The duties of the Medical Director shall include, but not be limited to:

   A. Determination of patient medical eligibility for hospice services in accordance with hospice program policy;

   B. Collaboration with the individual's attending physician to assure all aspects of medical care are taken into consideration in devising a palliative plan of care;

   C. Review, revise and document the plan at intervals specified in the plan, but no less than every 14 calendar days;

   D. Acting as a medical resource to the hospice care team and as a medical liaison with physicians in the community; and

   E. Coordination of efforts with each attending physician to provide care in the event that the attending physician is unable to retain responsibility for patient care.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 15 PERSONNEL POLICIES

Rule 1.15.3 **Criminal History Record Checks:**

1. Employee -For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term "employee" also includes any individual who by contract with a covered entity provides patient care in a patient's, resident's, or client's room or in treatment rooms.

2. The term employee does not include healthcare professional/ technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

A. The student is under the supervision of a licensed healthcare provider; and

B. The student has signed the affidavit that is on file at the student's school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

C. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13.

3. Covered Entity - For the purpose of criminal history record checks, "covered entity" means a licensed entity or a healthcare professional staffing agency.

4. Licensed Entity - For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency or hospice.

5. Health Care Professional/Vocational Technical Academic Program - For purpose of criminal history record checks, "health care professional/vocational technical academic program" means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

6. Health Care Professional/Vocational Technical Student For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program.

7. Direct Patient Care or Services - For the purposes of fingerprinting and criminal background history checks, the term "direct patient care" means direct hands-on medical patient care and services provided by an individual in a patient, resident or client's room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or provides patient care on a contractual basis.

8. Documented disciplinary action - For the purpose of fingerprinting and criminal background history checks, the term "documented disciplinary action" means any action taken against an employee for abuse or neglect of a patient.

9. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be performed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

   A. Every employee of a covered entity must have initial criminal history check and then every two years.

   B. Every new employee of a covered entity who provides direct patient care or services and who is employed after or on July 01, 2003.

   C. Each employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer and then every two years.

10. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history check have revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check by any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check.

11. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed facility:

   A. Possession or sale of drugs

   B. Murder

   C. Manslaughter

   D. Armed robbery

   E. Rape

   F. Sexual battery

12. Sex offense listed in Section 45-33-23, Mississippi Code of 1972:

   A. Child abuse

B. Arson

C. Grand larceny

D. Burglary

E. Gratification of lust

F. Aggravated assault

13. Felonious abuse and/or battery of vulnerable adult

14. Documentation of verification of the employee's disciplinary status, if any, with the employee's professional licensing agency as applicable, and evidence of submission of the employee's fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee's disciplinary status from any applicable professional licensing agency and submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

15. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require every employee of a licensed facility employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

16. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed the affidavit required by this section. The covered entity shall place the affidavit in the employee's personnel file as proof of compliance with this section.

17. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or plea has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility's policies and procedures.

18. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (g) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the

licensed entity's hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the **covered entity**. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

19. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00).

20. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying, event provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant's criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history record check as required in this subsection.

21. For individuals contracted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

22. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officers, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys, and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 17 ORGANIZATION AND STAFFING PERSONNEL QUALIFICATIONS/RESPONSIBILITIES

Rule 1.17.1 **Administrator** – A person who is designated, in writing, by the Governing Body as administratively responsible for all aspects of hospice operations. When the administrator serves more than one licensed agency, he/she shall designate, in writing, an alternate to serve as administrator for each site where he/she is not physically housed continuously. The alternate shall be a full-time, on-site employee of the hospice and shall meet the same qualifications as the administrator. The administrator and the Director of Nurses/Alternates may be the same individual if that individual is dually qualified.

1. Qualifications – Licensed physician, a licensed registered nurse, a social worker with a bachelor's degree, or a college graduate with a bachelor's degree and two (2) years of health care management experience or an individual with one (1) year of healthcare management experience and three (3) years of healthcare service delivery experience that would be relevant to managing the day-to-day operations of a hospice. EXEMPTION: Any person who is employed by a licensed Mississippi hospice as the administrator, as of the effective date of these regulations, shall be exempt from these requirements as long as he/she remains employed by that hospice as the administrator. If the hospice is sold to, acquired by, or merged into another legal entity, such transaction shall have no effect on the exemption provided in the preceding sentence.

2. Responsibilities – The administrator shall be responsible for compliance with all regulations, laws, policies, and procedures applicable to hospice specifically and to Medicare/Medicaid issues when applicable:

   A. Ensure the hospice employs qualified individuals;

   B. Be on-site during business hours or immediately available by e-communications when working within the geographic service area;

   C. Be responsible for and direct the day-to-day operations of the hospice;

   D. Act as liaison among staff, patients, and governing board;

   E. Designate, in writing, an individual who meets the administrator qualifications to assume the authority and the control of the hospice if the administrator is unavailable; and

   F. Designate in advance the IDG he/she chooses to establish policies governing the day-to-day provisions of hospice care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.2 **Counselor – Bereavement**

1. Qualifications – Documented evidence of appropriate training and experience in the care of the bereaved received under the supervision of a qualified professional.

2. Responsibilities – Under the supervision of a qualified professional, and as part of an organized program for the provision of bereavement services, the counselor shall implement bereavement counseling in a manner consistent with standards of practice. Services include, but are not limited to the following:

   A. Assess grief counseling needs;

   B. Provide bereavement information and referral services to the bereaved, as needed, in accordance with the POC;

   C. Provide bereavement support to hospice staff as needed;

   D. Attend hospice IDTG meetings as needed;

   E. Document bereavement services provided and progress of bereaved on a clinical progress note to be incorporated in the clinical record; and

   F. This shall be available for at least one year after the death of the patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.3 **Counselor – Dietary**

1. Qualifications – A registered dietician licensed in the State of Mississippi who meets the qualification standards of the Commission on Dietetic Registration of the American Dietetic Association.

2. Responsibilities – The dietitian shall implement dietary services based on initial and ongoing assessment of dietary needs in a manner consistent with standards of practice including, but not limited to, the following:

   A. Evaluate outcomes of interventions and document findings on a clinical progress note which is to be incorporated into the clinical record within one week of the visit;

   B. Collaborate with the patient/family, physician, registered nurse, and/or the IDG in providing dietary counseling to the patient/family;

   C. Instruct patient/family and/or hospice staff as needed;

   D. Evaluate patient socioeconomic factors to develop recommendations concerning food purchasing, preparation and storage;

E. Evaluate food preparation methods to ensure nutritive value is conserved, flavor, texture and temperature principles are adhered to in meeting the individual patient's needs; and

F. Participate in IDG conference as needed.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.4 **Counselor – Spiritual**

1. Qualifications – Documented evidence of appropriate training and skills to provide spiritual counseling, such as Bachelor of Divinity, Master of Divinity or equivalent theological degree or training.

2. Responsibilities – The counselor shall provide spiritual counseling based on the initial and ongoing assessment of spiritual needs of the patient/family, in a manner consistent with standards of practice including, but not limited to, the following:

A. Serve as a liaison and support to community chaplains and/or spiritual counselors;

B. Provide consultation, support, and education to the IDG members on spiritual care;

C. Supervise spiritual care volunteers assigned to family/care givers; and

D. Attend IDG meetings.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 18 GOVERNING BODY

Rule 1.18.1 The hospice shall have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the hospice's total operation. No contracts/arrangements or other agreements may limit or diminish the responsibility of the governing body. The governing body shall:

1. Designate an individual who is responsible for the day-to-day management of the hospice program;

2. Ensure that all services provided are consistent with accepted standards of practice;

3. Develop and approve policies and procedures which define and describe the scope of services offered;

4. Review policies and procedures at least annually revise them as necessary;

5. Maintain an organizational chart that delineates lines of authority and responsibility for all hospice personnel;

6. Meet no less frequently than quarterly; and

7. Maintain minutes of meeting and attendance.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.2 **Hospice Aide** – A qualified person who provides direct patient care and/or housekeeping duties in the home or homelike setting under the direct supervision of a registered nurse. The facility shall ensure that each hospice aide is appropriately trained and competent to meet the needs of the patient per the plan of care. Documentation must be maintained on-site of all training and competency in accordance with patient plan of care.

1. Responsibilities – The hospice aide shall provide services established and delegated in POC, record and notify the primary registered nurse of deviations according to standard of practice including, but not limited to, the following:

   A. Provide assistance with mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, toileting, and/or housekeeping needs.

   B. Complete a clinical note for each visit, which must be incorporated into the record at least on a weekly basis.

   C. Competency shall be evaluated by a RN prior to hospice aide performing patient care.

2. Restrictions – The hospice aide shall not:

   A. Perform any intravenous procedures, invasive procedures involving the use of Levine tubes or Foley catheters, or any other sterile or invasive procedures.

   B. Administer medications.

3. Initial Orientation – The content of the basic orientation provided to the hospice aides shall include the following:

   A. Policies and objectives of the agency;

   B. Duties and responsibilities of a hospice aide;

C. The role of the hospice aide as a member of the healthcare team;

D. Emotional problems associated with terminal illness;

E. The aging process;

F. Information on the process of aging and behavior of the aged;

G. Information on the emotional problems accompanying terminal illness;

H. Information on terminal care, stages of death and dying, and grief;

I. Principles and practices of maintaining a clean, healthy and safe environment;

J. Ethics; and

K. Confidentiality;

L. Emergency Preparedness; and

M. Annual competency assessment.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.3 NOTE: The orientation and training curricula for hospice aides shall be detailed in a policies and procedures manual maintained by the hospice agency and provision of orientation and training shall be documented in the employee personnel record. Training shall include the following areas of instruction:

1. Assisting patients to achieve optimal activities of daily living;

2. Principles of nutrition and meal preparation;

3. Record keeping;

4. Procedures for maintaining a clean, healthful environment;

5. Changes in the patients' condition to be reported to the supervisor;

6. In-service Training – The hospice aide must have a minimum of 12 hours of appropriate in-service training annually. In-service training may be prorated for employees working a portion of the year. However, part-time employee who worked throughout the year must attend all twelve (12) hours of in-service training; and

7. Confidentiality and Emergency Preparedness.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.4 **Licensed Practical Nurse (LPN) -** The LPN must work under the direct supervision of a registered nurse and perform skilled services as delegated by the registered nurse.

1. Qualifications – A LPN must be currently licensed by the Mississippi State Board of Practical Nurse Examiners with no restrictions:

   A. With at least one-year full time experience as an LPN. Two years of full-time experience is preferred;

   B. Be an employee of the hospice agency.

2. Responsibilities – The LPN shall perform skilled nursing services under the supervision of a registered nurse, in a manner consistent with standards of practice, including but not limited to, such duties as follows:

   A. Observe, record, and report to the registered nurse or director of nurses on the general physical and mental conditions of the patient;

   B. Administer prescribed medications and treatments as permitted by State regulations;

   C. Assist the physician and/or registered nurse in performing procedures as per the patient's plan of care.

   D. Prepare equipment for treatments, including sterilization, and adherence to aseptic techniques;

   E. Assist the patient with activities of daily living;

   F. Prepare clinical and/or progress notes and incorporate them into the clinical record at least weekly;

   G. Perform wound care and treatments as specified per nursing practice and if training competency is documented;

   H. Accepts verbal/written orders from the physician or nurse practitioner or physician's assistant in accordance with facility policies; and

   I. Attend hospice IDG meetings.

3. Restrictions – An LPN shall not:

A. Access any intravenous appliance for any reason;

B. Perform supervisory aide visit;

C. Develop and/or alter the POC;

D. Make an assessment visit;

E. Evaluate recertification criteria;

F. Make aide assignments; or

G. Function as a supervisor of the nursing practice of any registered nurse.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.7 **Occupational Therapist**

1. Qualifications – An occupational therapist must be licensed by the State of Mississippi.

2. Responsibilities – The occupational therapist shall assist the physician in evaluating the patient's level of functioning by applying diagnostic and prognostic procedures including, but not limited to, the following:

   A. Provide occupational therapy in accordance with a physician's orders and the POC;

   B. Guide the patient in his/her use of therapeutic, creative and self-care activities for the purpose of improving function, in a manner consistent with accepted standards of practice;

   C. Observe, record, and report to the physician and/or interdisciplinary group the patient's reaction to treatment and any changes in the patient's condition;

   D. Instruct and inform other health team personnel, assist in the formation of the POC; including, when appropriate hospice aides and family members in certain phases of occupational therapy in which they may work with the patient;

   E. Document each visit made to the patient and incorporate notes into the clinical record within one week of the visit;

   F. Participate in IDG conference as needed with hospice staff; and

G. Prepare written discharge summary when applicable, with a copy retained in patient's clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.9 **Physical Therapist (PT) -** The physical therapist when provided must be available to perform in a manner consistent with accepted standards of practice.

1. Qualifications – The physical therapist must be currently licensed in the State of Mississippi.

2. Responsibilities – The physical therapist shall assist the physician in evaluating the patient's functional status and physical therapy needs in a manner consistent with standards of practice to include, but is not limited to, the following:

A. Provide services within the scope of practice as defined by state law governing the practice of physical therapy, in accordance with the POC, and in coordination with the other members of the IDG:

B. Observe, and report to the physician and the IDG, the patient's reaction to treatment and any changes in the patient's condition;

C. Instruct and inform participating member of the IDG, the patient, family/care givers, regarding the POC, functional limitations and progress toward goals;

D. Prepare clinical and progress notes for each visit and incorporate them into the clinical record within one week of the visit;

E. Participate in IDG conference as needed with hospice staff;

F. The physical therapist shall be readily accessible by telecommunications.

G. The physical therapist shall evaluate and establish a written treatment plan on the patient prior to implementation of any treatment program; and

H. The physical therapist shall assess the final treatment rendered to the patient at discharge and write a discharge summary with a copy retained in the clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.10 **Physical Therapy Assistant (PTA)**

1. Qualifications – A physical therapy assistant must be licensed by the Physical Therapy Board of Mississippi and supervised by a Physical Therapist.

2. Responsibilities – The physical therapy assistant shall:

   A. Provide therapy in accordance with the POC;

   B. Document each visit made to the patient and incorporate notes into the clinical record at least weekly; and

   C. Participates in IDG conference as needed with hospice staff.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.11 **Registered Nurse (RN)** - The hospice must designate a registered nurse to coordinate the implementation of the POC for each patient.

1. Qualifications – A licensed registered nurse must be currently licensed to practice in the State of Mississippi with no restrictions:

   A. Have at least one-year full-time experience as a registered nurse or have been a licensed LPN employed for three years full-time working in a healthcare setting; and

   B. Be an employee of the hospice.

2. Responsibilities – The registered nurse shall identify the patient/family's physical, psychosocial, and environmental needs and reassess as needed but no less frequently than every 14 days:

   A. Provide nursing services in accordance with the POC;

   B. Document problems, appropriate goals, interventions, and patient/family response to hospice care;

   C. Collaborate with the patient/family, attending physician and other members of the IDG in providing patient and family care;

   D. Instruct patient/family in self-care techniques when appropriate;

   E. Supervise ancillary personnel and delegate responsibilities when required;

   F. Complete and submit accurate and relevant clinical notes regarding the patient's condition into the clinical record within one week of the visit;

G. Make LPN supervisory visits to the patient's residence at least every 14 days to assess compliance with the plan of care and determine progress towards goals. The LPN does not have to be present;

H. Make RN supervisory visits to the patient's residence every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's The Hospice Aide does not have to be present;

I. If a hospice aide is assigned to a patient by the RN, in accordance with the POC, specific written instructions for patient care are to be prepared by the RN. All personal care services are to be outlined for the patient, in writing, by the RN;

J. Document supervision, to include the hospice aide relationships, services provided, and instructions and comments given as well as other requirements of the clinical note;

K. Document annual performance reviews for the hospice aide. This performance review must be maintained in the individual's personnel record; and

L. Attend hospice IDG meetings.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.12 **Social Worker**

1. Qualifications – A minimum of a bachelor's degree from a school of social work accredited by the Council of Social Work Education. This individual must be licensed in the State of Mississippi:

   A. A minimum of one year documented clinical experience appropriate to the counseling and casework needs of the terminally ill.

   B. Must be an employee of the hospice.

2. Responsibilities – The social worker shall assist the physician and other IDG members in understanding significant social and emotional factors related to the patient's health status and shall include, but not be limited to:

   A. Assessment of the social and emotional factors having an impact on the patient's health status;

   B. Assist in the formulation of the POC;

C. Provide services within the scope of practice as defined by state law and in accordance with the POC;

D. Coordination with other IDTG members and participate in IDG conferences;

E. Prepare clinical and/or progress notes and incorporate them into the clinical record within one week of the visit;

F. Participate in discharge planning, and in-service programs related to the needs of the patient;

G. Acts as a consultant to other members of the IDG;

H. When medical social services are discontinued, submit a written summary of services provided, including an assessment of the patient's current status, to be retained in the clinical record; and

I. Attend hospice IDG meetings.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.13 **Speech Pathology Services**

1. Qualifications – A speech pathologist must:

   A. Be licensed by the State of Mississippi; or

   B. Have completed the academic requirements and is in the process of accumulating the necessary supervised (as directed by the State Certifying body) work experience required for certification. Evidence of this supervision will be retained in the non-certified speech pathologist's personnel folder.

2. Responsibilities – The speech pathologist shall assist the physician in evaluation of the patient to determine the type of speech or language disorder and the appropriate corrective therapy in a manner consistent with standards of practice to include, but is not limited to, the following:

   A. Provide rehabilitative services for speech and language disorders;

   B. Observe, record and report to the physician and the IDG the patient's reaction to treatment and any changes in the patient's condition;

   C. Instruct other health personnel and family members in methods of assisting the patient to improve and correct speech disabilities;

D. Communicate with the registered nurse, director of nurses, and/or the IDG the need for continuation of speech pathology services for the patient;

E. Participate in hospice IDG meetings as needed;

F. Document each visit made to the patient and incorporate notes into the clinical record within one week of the visit; and

G. Prepare written discharge summary as indicated, with a copy retained in patient's clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.14 **Volunteers -** Volunteers that provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications – Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

2. Responsibilities - The volunteer shall:

   A. Provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;

   B. Provide input into the plan of care and interdisciplinary group meetings, as appropriate;

   C. Document services provided as trained and instructed by the hospice agency;

   D. Maintain strict patient/family confidentiality; and

   E. Communicate any changes or observations to the assigned supervisor.

3. Initial Training – The volunteers must receive appropriate documented training which shall include at a minimum:

   A. An introduction to hospice;

   B. The role of the volunteer in hospice;

   C. Concepts of death and dying;

   D. Communication skills;

E. Care and comfort measures;

F. Diseases and medical conditions;

G. Psychosocial and spiritual issues related to death and dying;

H. The concept of the hospice family;

I. Stress management;

J. Bereavement;

K. Infection control;

L. Safety;

M. Confidentiality;

N. Patient rights;

O. The role of the IDG;

P. Additional supplemental training for volunteers working in specialized program (i.e., Nursing homes, AIDS facilities); and

Q. The hospice shall offer hospice relevant in-service training on a quarterly basis and maintain documentation.

4. All volunteers must follow the same rules as employees regarding background checks and health screenings.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 19 PATIENT CARE SERVICES

Rule 1.19.2 **Plan of Care (POC) -** Within 48 hours of the admission, a written plan of care must be developed for each patient/family by a minimum of two IDG members and approved by the full IDG and the Medical Director at the next meeting. The care provided to an individual must be in accordance with the POC.

1. The IDG member who assesses the patient's needs must meet or call at least one other IDG member before writing the IPOC. At least one of the persons involved in developing the IPOC must be a registered nurse or physician.

2. At a minimum the POC will include the following:

An assessment of the individual's needs and identification of services, including the management of discomfort and symptom relief;

A. In detail, the scope and frequency of services needed to meet the patient's and family's needs. The frequency of services established in the POC will be sufficient to effectively manage the terminal diagnosis of the patient, provide appropriate amounts of counseling to the family, and meet or exceed nationally accepted hospice standards of practice;

B. Identification of problems with realistic and achievable goals and objectives;

C. Medical supplies and appliances including drugs and biologicals needed for the palliation and management of the terminal illness and related conditions;

D. Patient/family understanding, agreement, and involvement with the POC; and

E. Recognition of the patient/family's physiological, social, religious, and cultural variables and values.

3. The POC must be maintained on file as part of the individual's clinical record. Documentation of updates shall be maintained.

4. The hospice will designate a registered nurse to coordinate the implementation of the POC for each patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.3 **Review and Update of the Plan of Care**

1. The plan of care is reviewed and updated at intervals specified in the POC, when the patient's condition changes and a minimum of every 14 days for home care and every 7 days for general inpatient care, collaboratively with the IDG and the attending physician.

2. Agency shall have policy and procedures for the following:

A. The attending physician's participation in the development, revision, and approval of the POC is documented. This is evidenced by change in

patient orders and documented communication between Hospice Staff and the attending physician;

B. Physician orders must be signed and dated in a timely manner but must be received before billing is submitted for each patient.

3. The agency shall have documentation that the patient's condition and POC is reviewed and the POC updated, even when the patient's condition does not change.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.4 **Coordination and Continuity of Care:** The hospice shall adhere to the following additional principles and responsibilities:

1. An assessment of the patient/family needs and desire for hospice services and a hospice program's specific admission, transfer, and discharge criteria determine any changes in services;

2. Nursing services, physician services, and drugs and biologicals are routinely available to hospice patients on a 24-hour basis, seven days a week;

3. All other covered services are available on a 24-hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions;

4. Case-management is provided and an accurate and complete documented record of services and activities describing care of patient/family is maintained;

5. Collaboration with other providers to ensure coordination of services;

6. Maintenance of professional management responsibility and coordination of the patient/family care regardless of the setting;

7. Maintenance of contracts/agreements for the provision of services not directly provided by the hospice, including but not limited to:

A. Radiation therapy;

B. Infusion therapy;

C. Inpatient care;

D. Consulting physician.

8. Provision or access to emergency medical care;

9. When home care is no longer possible, assistance to the patient in transferring to an appropriate setting where hospice care can be delivered;

10. When the patient is admitted to a setting where hospice care cannot be delivered, hospice adheres to standards, policies and procedures on transfer and discharge and facilitates the patient's transfer to another care provider;

11. Maintenance of appropriately qualified IDG health care professionals and volunteers to meet patients need;

12. Maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice must document a continuing level of volunteer activity;

13. Coordination of the IDG, as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC;

14. Supervision and professional consultation by qualified personnel, available to staff and volunteers during all hours of service;

15. Hospice care provided in accordance with accepted professional standards and accepted code of ethics;

16. The facility must proceed in accordance with written policy at the time of death of the patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.5 **Pharmaceutical Services**

1. Every home health agency, hospice organization or business/location in this state subject to regulation by the Mississippi Board of Pharmacy where certain prescription drugs as approved by the Board are bought, maintained, administered, or provided directly to consumers, without the services of a pharmacist being required, shall obtain a permit as a home health/hospice from the Mississippi Board of Pharmacy (Refer to Home Health and Hospice Permits MS Board of Pharmacy).

2. Hospices must provide for the pharmaceutical needs of the patient as related to the terminal diagnosis.

3. The agency shall institute procedures which protect the patient from medication errors.

4. The Agency shall provide verbal and written instruction to patient and family regarding the administration of their medications, as indicated.

5. Drugs and treatments are administered by agency staff as ordered by the physician.

6. The hospice must ensure appropriate monitoring and supervision of pharmaceutical services and have written policies and procedures governing prescribing, dispensing, administering, controlling, storing, and disposing of all biologicals and drugs in compliance with applicable laws and regulations.

7. The hospice must ensure timely pharmaceutical services on a 24 hour a day/seven day a week basis that include provision of drugs, biologicals and infusion services which are consistent with patient's individual drug profile.

8. The hospice must provide the IDG and the patient/family with coordinated information and instructions about individual drug profiles.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.10 **Clinical Records** - In accordance with accepted principles of practice the hospice shall establish and maintain a clinical record for every individual receiving care and services. The record shall be complete, promptly, and accurately documented, readily accessible, and systematically organized to facilitate retrieval. The clinical record shall contain all pertinent past and current medical, nursing, social and other therapeutic information, including the current POC under which services are being delivered.

1. All clinical records shall be safeguarded against loss, destruction and unauthorized use and shall be maintained at the hospice site issued the license.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 20 ADMINISTRATION

Rule 1.20.4 **Contract Services**

1. When the hospice provides services on a contractual basis to a patient the hospice is responsible for all actions of the contract personnel.

2. The hospice shall not at any time use contract employees as administrator/alternate or for the provision of core services unless the facility provides documentation that a waiver has been granted in accordance with certification requirements.

3. Whenever services are provided by an organization or individual other than the hospice, a written agreement will delineate services available and procedures for accessing those services.

4. Whenever services are provided by an outside agency or individual, a legally binding written agreement must be affected. The legally binding written agreement shall include at least the following items:

   A. Identification of the services to be provided;

   B. A stipulation that services may be provided only with the express authorization of the hospice;

   C. The manner in which the contracted services are coordinated, supervised, and evaluated by the hospice;

   D. The delineation of the role(s) of the hospice and the contractor in the admission process, patient/family assessment, and the IDG conferences;

   E. Requirements for documenting that services are furnished in accordance with the agreement;

   F. The qualifications of the personnel providing the services;

   G. Assurance that the personnel contracted complete the clinical record in the same timely manner as required by the staff personnel of the hospice;

   H. Payment fees and terms; and

   I. Statement that the hospice retains responsibility for appropriate hospice care training of the personnel who provide care under the agreement.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.20.5 **Quality Assurance**

1. The hospice shall conduct an ongoing, comprehensive integrated self-assessment quality improvement process (inclusive of inpatient care, home care and respite care) which evaluates not only the quality of care provided, but also the appropriateness care/services provided and evaluations of such services. Findings shall be documented and used by the hospice to correct identified problems and to revise hospice policies.

2. The hospice shall have written plans, policies and procedures addressing quality assurance.

3. The hospice shall designate, in writing, an individual responsible for the coordination of the quality improvement program.

4. The hospice shall conduct quality improvement meetings quarterly, at a minimum.

5. The Hospice's written plan for continually assessing and improving all aspects of operations must include:

   A. Goals and objectives;

   B. A system to ensure systematic, objective quarterly reports. Documentation must be maintained to reflect that such reports were reviewed with the IDG, the Medical Director, the Governing Body and distributed to appropriate areas;

   C. The method for evaluating the quality and the appropriateness of care;

   D. A method for resolving identified problems; and

   E. Application to improving the quality of patient care.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 27 RECORDS

Rule 1.27.4 **Retention of Records**: Clinical records shall be preserved as original records, electronic medical record, or other usable forms and shall be such as to afford a basis for complete audit of professional information. Complete clinical records shall be retained for a period after discharge of the patient of at least five (5) years. In the event the hospice shall cease operation, the Department shall be advised of the location of said records.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 43 MEDICAL WASTE

Rule 1.43.2 **Deleted**

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.3 **Medical Waste Management Plan** – All generators of infectious medical waste and medical waste shall have a medical waste management plan in accordance with Adopted Standards for the Regulation for Medical Waste.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.4 **Deleted**

Rule 1.43.5 **Infection Control**

1. The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

2. The hospice inpatient facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the hospice. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases

3. The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 46 PHYSICAL FACILITIES: DESIGN AND CONSTRUCTION ELEMENTS

Rule 1.46.2 **Codes**. The term "safe" as used in Section Rule 1.46.1 hereof shall be interpreted in the light of compliance with the requirements of the codes recognized by this agency on date of construction which are incorporated by reference as a part of these Minimum Standards; included are the Life Safety Code of the National Fire Protection Association, American National Standards Institute, Standards Number A-17.1, and A-17.3, Safety Code for Elevators and Escalators, the American Institute of Architects (AIA), Guidelines for Design and Construction of Hospital and Health Care Facilities, and references incorporated as body of all afore mentioned standards. Life Safety Code compliance relative to construction date:

1. Buildings constructed after November 1 ,2016, shall comply with the new chapter 18 of the Life Safety Code (NFPA 101) recognized by this agency on the date of construction.

2. Building constructed prior to November 1, 2016, shall comply with existing chapter 19 of the Life Safety Code recognized by this agency.

3. For minimum standards governing Heating, Ventilation, and Air Conditioning (HVAC), area design, space allocation, parking requirements, and other considerations not specifically addressed by local authority or standards referenced herein, compliance with the AIA guidelines will be deemed acceptable.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 47 BUILDING REQUIREMENTS

Rule 1.47.2 **Multi-Story Building**.

1. Fire resistive construction. After adoption of these regulations all institutions for the aged or infirm containing two (2) or more stories shall be of at least one-hour fire resistive construction throughout except as provided in Rule 1.47.1.2. The current edition of the National Fire Protection Association (NFPA) Standard 220, Types of Building Construction. shall be the governing code for one hour fire resistance construction items which are not covered in the regulations.

2. Elevator required. No patient shall be housed above the first floor unless the building is equipped with an elevator. The minimum cab size of the elevator shall be approximately five (5) feet four (4) inches by eight (8) feet no (0) inches and constructed of metal. The width of the shaft door shall be at least three (3) feet ten (10) inches. The load weight capacity shall be at least two thousand five hundred (2,500) pounds. The elevator shaft shall be enclosed in fire resistant construction of not less that two-hour fire resistive rating. Elevators shall not be counted as required exits. Elevators are subject to the requirements of the referenced standard listed in Rule 1.46.2 of this chapter. Exceptions to sub-paragraphs 1 and 2 may be granted to existing facilities at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.4 **Structural Soundness and Repair; Fire Resistive Rating** – The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonably attractive inside and out. One-story structures shall have a one-hour fire resistance rating except that walls and ceiling of high fire hazard areas shall be of two-hour fire resistance rating in accordance with NFPA #220. Multi-storied buildings shall be of fire resistive materials. Multi-storied buildings shall be of fire resistive materials. One hour fire resistance rating as prescribed by the current edition of the National Fire Protection Association (NFPA) Standard 220, types of Building Construction. (Example: Type II (111), or Type V (111). (Except walls and ceilings of high fire hazard areas shall be of two-hour fire resistance rating).

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.23 **Fire Extinguishers**- Fire extinguishers of number, type, and capacity appropriate to the need shall be provided for each floor and for special fire hazard areas such as kitchen, laundry, and mechanical room. All extinguishers shall be of a type approved by the licensing authority of the Department of Health. A vaporizing liquid extinguisher (such as carbon tetrachloride) will not be approved for use inside the building. Extinguishers shall be inspected and serviced periodically as recommended by the manufacturer. The date of inspection shall be entered on a tag attached to the extinguisher and signed by a reliable inspector such as the local fire chief or representative of a fire extinguisher

servicing company. The current edition of NFPA 10 and NFPA 72, Standard for Portable Fire Extinguishers, shall be the governing code for fire extinguishers which are not covered in these regulations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.24 **Fire Detection and Fire Protection System**

1. An automatic sprinkler-alarm shall be installed in, with the current edition of NFPA 13, Installation of Sprinkler Systems, recognized by this agency on the date of construction.

2. Fire alarms and smoke detectors shall be installed in accordance with current edition of NFPA 72, National Fire Alarm Code, recognized by this agency on the date of construction.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.25 **Smoke Barrier or Fire-Retardant Walls-** Each building shall be divided into areas not exceeding five thousand (5,000) square feet between exterior walls or smoke barrier walls. The barrier walls shall be constructed from floor to roof decking with no openings except in corridors or other areas specifically approved by the licensing agency. Self-closing "B" label fire doors with fusible linkage shall be installed in the barrier walls in corridors. All air spaces in the walls shall be filled with noncombustible material. The current edition of NFPA 101 Life Safety Code (recognized by licensing agency) shall be the governing code for smoke barrier or fire-retardant walls items which are not covered in the regulations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.28 **Required Fire Exits**

1. At least two (2) exits, remote from each other, shall be provided for each occupied story of the building. Dead-end corridors are undesirable and in not even shall exceed thirty (30) feet.

2. Exits shall be of such number and so located that the distance of travel from the door of any occupied room to an exit from that floor shall not exceed one hundred (100) feet. In buildings completely protected by a standard automatic sprinkler system, the distance may be one hundred fifty (150) feet.

3. Each occupied room shall have at least one (1) door opening directly to the outside or to a corridor, stairway, or ramp leading directly to the outside.

4. Doors on fire exits shall open to the outside.

5. The current edition of NFPA 101 Life Safety Code (recognized by licensing agency) shall be the governing code for exit items which are not covered in the regulations.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 48 EMERGENCY OPERATIONS PLAN (EOP)

Rule 1.48.1 The licensed entity shall develop and maintain a written preparedness plan utilizing the Emergency Operations Plan (EOP) Template developed by the MSDH Office of Emergency Planning and Response. All Hazards" and "Whole Community" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any pandemic, act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Planning and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness Planning and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Planning and Response. The eight (8) critical areas of consideration are:

1. Communications – Facility status reports shall be submitted in a format and a frequency as required by the Office of Emergency Planning and Response;

2. Resources and Assets;

3. Safety and Security;

4. Smoke Detectors/Extinguishers (Refer to NFPA 10 and NFPA 72);

5. Staffing;

6. Infrastructure (Water, sewer, electricity, data systems, etc.);

7. Clinical Activities; and

8. Continuity of Operations Planning (COOP) to include surge and alternate care sites.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.48.2 Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Office of Emergency Planning and Response. Written evidence of current verification or review of provider EOPs, by the Office of Emergency Planning and Response, shall accompany all applications for facility license renewals.

SOURCE: Miss. Code Ann. §41-85-7

SUBCHAPTER 49 FACILITY FIRE PREPAREDNESS

Rule 1.49.1 Fire Drills.

1. Inpatient- Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four (4) times per year.

2. Outpatient-Fire drills shall be conducted a minimum of (2) times per year.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 50 NURSING UNIT

Rule 1.50.5 **Nurses' Station** - Each inpatient hospice shall have a nurses' station for each nursing unit. The nurses' station shall include as a minimum the following:

1. Annunciator board or other equipment for patient's call;

2. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) feet;

3. Storage space for patients' medical records and nurses' charts.

4. Lavatory or sink with disposable towel dispenser;

5. Desk or countertop space adequate for recording and charting purposes by physicians and nurses;

6. The nurses' station area shall be well-lighted; and

7. It is recommended that nurses' lounge with toilet be provided for nursing personnel adjacent to the station. A refrigerator for the storage of drugs shall be provided at each nurses' station. Drugs, food, and beverages may not be stored together.

SOURCE: Miss. Code Ann. §41-85-7

Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

CHAPTER 2 MINIMUM STANDARDS OF OPERATION FOR HOSPICE

Subchapter 2 LEGAL AUTHORITY

Rule 1.2.2 **Effective date of Rules, Regulations, and Minimum Standards for Hospice** - ~~This rule shall replace and supersede the rule adopted on August 21, 1995, except that the rule adopted on August 21, 1995, and reference in the Mississippi Register shall continue to regulate those hospice agencies licensed on or before adoption of this rule and shall continue to regulate these agencies for 90 days from adoption of this rule. Effective 30 days from the adoption of this rule,~~ T~~t~~he provisions of this rule shall govern all hospice agencies, regardless of the date of issuance of license.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.2.3 **Fire Safety** - No freestanding hospice may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire (Refer to NFPA 10 and NFPA 72).

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 3 DEFINITIONS

Rule 1.3.1 Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

1. **Administrator** – Means the person, designated by the governing body, who is responsible for the management of the overall operation of the hospice.

2. **Advance Directives** – Directive from the patient/family (see definition of family) such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will, or an oral directive which either states a person's choices for medical treatment or, in the event the person is unable to make treatment choices, designates who shall make those decisions.

3. **Attending/Primary Physician** – A D~~d~~octor of M~~m~~edicine or O~~o~~steopathy licensed to practice medicine in the State of Mississippi, who is designated by the patient or responsible party as the physician responsible for his/her medical care.

4. **Bereavement Services** – Organized services provided under the supervision of a qualified counselor (see definition) to help the family cope with death related grief and loss. This shall be available for at least one year after the death of the patient.

5. **Autonomous** – Means a separate and distinct operational entity which functions under its own administration and bylaws, either within or independently of a parent organization.

6. **Bed Capacity** – Means the largest number which can be installed or set up in the freestanding hospice at any given time for use of patients. The bed capacity shall be based upon space designed and/or specifically intended for such use whether or not the beds are actually installed or set up.

7. **Bed Count** – Means the number of beds that are actually installed or set for patients in freestanding hospice at a given time.

8. **Branch Office/Alternate Site** – A location or site from which a hospice agency provides services within a portion of the total geographic area served by the parent agency. The branch is a part of the parent hospice agency and is located within the ~~50-mile~~ 50-mile radius of the parent agency and shares administration and supervision. No branch office site shall be opened unless the parent office has had full licensure for the immediately preceding 12 months and has admitted ~~10~~ 3 patients within the last twelve (12) months. A branch office does not extend the Geographic Service Area of the Parent Agency.

9. **Bureau** – Mississippi State Department of Health, Bureaus of Health Facilities, Licensure and Certification.

10. **Care Giver** – The person whom the patient designates to provide his/her emotional support and/or physical care.

11. **Chaplain** – Means an individual representative of a specific spiritual belief who is qualified by education received through accredited academic or theological institutions, and/or experience thereof, to provide counseling and who serves as a consultant for and/or core member of the hospice care team.

12. **Change of Ownership** – Means but is not limited to, intervivos, gifts, transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (fifty percent (50%) or more) of the facility or service. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. The change of IRS exemption status also constitutes a change of ownership.

13. **Community** – A group of individuals or a defined geographic area served by a hospice.

14. **Continuous Home Care** – Care provided by the hospice during a period of crisis as necessary to maintain the terminally ill individual at home. A minimum of eight hours of care must be furnished on a particular day to be considered continuous home care. Nursing care must be provided for more than one-half of the period of care and must be provided by either a registered nurse or licensed practical nurse. Services may be provided by a homemaker or hospice aide to supplement the nursing care. When determining the necessity for continuous home care, a registered nurse must complete/document a thorough assessment and plan of care that includes participation of all necessary disciplines to meet the patient's identified needs, prior to assigning a licensed practical nurse, homemaker, or a hospice aide to a patient requiring continuous home care. This assignment must comply with accepted professional standards of practice.

15. **Contracted Services** – Services provided to a hospice provider or its patients by a third party under a legally binding agreement that defines the roles and responsibilities of the hospice and service provider.

16. **Core Services** – Nursing services, physician services, medical social services, and counseling services, including bereavement counseling, spiritual counseling, and any other counseling services provided to meet the needs of the individual and family. These services must be provided by employees of the hospice, except that physician services and counseling services may be provided through contract.

17. **Counselor** – Means an individual who has at least a bachelor's degree in psychology, a master's or bachelor's degree from a school of social work accredited by the Council on Social Work Education, a bachelor's degree in counseling; or the documented equivalent of any of the above in education, training in the spiritual care of the dying and end of life issues, and who is currently licensed in the state of Mississippi, if applicable. Verification of education and training must be maintained in the individual's personnel file.

~~18. **Criminal History Record Check**~~

~~a. **Affidavit** -For the purpose of fingerprinting and criminal background history checks, the term "affidavit" means the use of Mississippi State Department of Health (MDH) form #210, or a copy thereof, which shall be placed in the individual's personal file.~~

~~b. **Employee** -For the purpose of fingerprinting and criminal background history checks, employee shall mean **any individual employed by a covered entity**. The term "employee" also includes any individual who~~

by **contract** with a covered entity provides patient care in a patient's, resident's, or client's room or in treatment rooms.

c. The term employee does not include healthcare professional/ technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

i. The student is under the supervision of a licensed healthcare provider; and

ii. The student has signed the affidavit that is on file at the student's school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

iii. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13.

d. **Covered Entity** - For the purpose of criminal history record checks, "covered entity" means a licensed entity or a healthcare professional staffing agency.

e. **Licensed Entity** - For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency or hospice.

f. Health Care Professional/Vocational Technical Academic Program - For purpose of criminal history record checks, "health care professional/vocational technical academic program" means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied health professional whose purpose is to prepare professionals to render patient care services.

~~g. **Health Care Professional/Vocational Technical Student** - For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program.~~

~~h. **Direct Patient Care or Services** - For the purposes of fingerprinting and criminal background history checks, the term "direct patient care" means direct hands-on medical patient care and services provided by an individual in a patient, resident or client's room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or provides patient care on a contractual basis.~~

~~i. **Documented disciplinary action** - For the purpose of fingerprinting and criminal background history checks, the term "documented disciplinary action" means any action taken against an employee for abuse or neglect of a patient.~~

18~~19~~. **Department** – Means the Mississippi State Department of Health (MSDH).

19~~20~~. **Discharge** – The point at which the patient's active involvement with the hospice program is ended and the program no longer has active responsibility for the care of the patient.

20~~21~~. **Dietitian** – Means a person who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and/or experience.

21~~22~~. **Do Not Resuscitate Orders (DNR)** – Orders written by the patient's physician which stipulate that in the event the patient has a cardiac or respiratory arrest, cardiopulmonary resuscitation will not be initiated or performed.

22~~23~~. **Emotional Support** – Support provided to assist the person in coping with stress, grief and loss.

23~~24~~. **Family Unit** – Means the terminally ill person and his or her family, which may include spouse, children, sibling, parents, and other with significant personal ties to the patient.

24~~25~~. **Freestanding Hospice**– Freestanding Hospice means a hospice that is not a part of any other type of health care provider.

25~~26~~. **Geographic Service Area** – Area around the Parent Office, which is within 50-miles radius of the Parent Office premises. Each hospice must designate the geographic service area in which the agency will provide services. Should any portion of a county fall within a 50-mile radius of the Parent, then the entire county may fall within the geographic service area of the Parent. Nothing herein is intended to automatically expand the service area of any existing Parent. A

hospice shall seek approval of the Department for any expansion of their service area. The full range of hospice services, as specified, must be provided to the entire designated geographic services area.

26~~27~~. **Governing Body**- A hospice program shall have a clearly defined organized governing body that has autonomous authority for the conduct of the hospice program. (Section: 41-85-19) This governing body is not required to meet more often than quarterly. Written minutes and attendance of governing body minutes shall be maintained.

27~~28~~. **Hospice Aide**-An individual who is currently qualified in the State of Mississippi to provide personal care services to hospice patients under the direction of a registered nurse of the hospice.

28~~29~~. **Hospice Inpatient Facility** – Organized facilities where specific levels of care ranging from residential to acute, including respite, are provided on a 24-hour basis within the confines of a licensed hospital, nursing home, or freestanding hospice in order to meet the needs of the patient/family. A hospice inpatient facility shall meet the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations.

29~~30~~. **Hospice** – Means an autonomous, centrally administered, nonprofit or for profit medically directed, nurse-coordinated program providing a continuum of home, outpatient and homelike inpatient care for not less than four (4) terminally ill patients and their families. It employs a hospice care team (see definition of hospice care team) to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses which are experienced during the final stages of illness and during dying and bereavement. This care is available twenty-four (24) hours a day, seven (7) days a week, and is provided on the basis of need regardless of inability to pay. (Section 41-85-3)

30. **Hospice Care Team**- Means an interdisciplinary team which is a working unit composed by the integration of the various helping professions and lay persons providing hospice care. Such team shall, as a minimum, consist of a licensed physician, a registered nurse, a social worker, a member of the clergy, or a counselor and volunteers.

31. **Hospice Services** – Means items and services furnished to an individual by a hospice, or by others under arrangements with such a hospice program.

32~~31~~. **Hospice Physician** – A ~~doctor of medicine~~ Doctor of Medicine or ~~o~~Osteopathy who is currently and legally authorized to practice medicine in the State of Mississippi and is designated by the hospice to provide medical care to hospice patients, in coordination with the patient's primary physician.

33~~32~~. **Hospice Premises** – The physical site where the hospice maintains staff to perform administrative functions, maintains its personnel records, maintains its client service records, and holds itself out to the public as being a location for receipt of client referrals. A hospice must be physically located within the State of Mississippi. A license for a hospice program shall not be issued if the hospice is to be located in an area in violation of any local zoning ordinance or regulation.

34~~33~~. **Informed Consent** – A documented process in which information regarding the potential and actual benefits and risks of a given procedure or program of care is exchanged between provider and patient.

35~~34~~. **Inpatient Services** – Care available for General Inpatient Care or Respite Care that is provided in an Inpatient Hospice Facility, hospital, or SNF that meets the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations.

36~~35~~. **Interdisciplinary Group ~~Team~~ (~~IDT~~IDG)** – An interdisciplinary ~~team or~~ group(s) designated by the hospice, composed of representatives from all the core services. The Interdisciplinary Group ~~Team~~ **must** include at least a ~~doctor of medicine~~ Doctor of Medicine or O~~o~~steopathy, a registered nurse, a social worker, and a pastoral or other counselor. The interdisciplinary ~~team~~ group is responsible for participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care, and establishment of policies governing the day-to-day provision of hospice care and services. If a hospice has more than one interdisciplinary team; it must designate, in advance, the ~~team~~ group it chooses to execute the establishment of policies governing the day-to-day provision of hospice care and services.

37~~36~~. **Interdisciplinary Team Conferences** – Regularly scheduled periodic meetings of specific members of the interdisciplinary team (see Rule 1.3.36) to review the most current patient/family assessment, evaluate care needs, and update the plan of care.

38~~37~~. **Level of Care** – Hospice care is divided into four categories of care rendered to the hospice patient.

A~~a~~. Routine home care

B~~b~~. Continuous home care

C~~c~~. Inpatient respite care

D~~d~~. General inpatient care

39~~38~~. **License (Hospice)** – A document permitting an organization to practice hospice care for a specific period of time under the rules and regulations set forth by the State of Mississippi.

40~~39~~. **Licensing Agency**- Means the Mississippi State Department of Health.

41~~40~~. **Life-Threatening** – Causes or has the potential to cause serious bodily harm or death of an individual.

42~~41~~. **Medically Directed** – Means that the delivery of medical care is directed by a licensed physician who is employed by the hospice for the purpose of providing ongoing palliative care as a participating caregiver on the hospice care team.

43~~42~~. **Medical Social Services** – Include a comprehensive psychosocial assessment; ongoing support for the patient and family; and assistance with coping skills, anticipatory grief, and grief reactions.

44~~43~~. **Non-Core Services**- Services provided directly by hospice employees or under arrangement that are not considered Core Services. These services include, but are not limited to:

A~~a~~. Hospice aide and homemaker

B~~b~~. Physical therapy services

C~~c~~. Occupational therapy services

D~~d~~. Speech-language pathology services

E~~e~~. General inpatient care

F~~f~~. Respite care

G~~g~~. Medical supplies and appliances including drugs and biologicals.

45~~44~~. **Nurse Practitioner/Physician Assistant** – Shall mean a nurse who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Nurse Practice Act or a physician assistant who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Physician Assistants Act.

46~~45~~. **Occupational Therapist** – Means a person licensed to practice Occupational Therapy in the State of Mississippi.

47~~46~~. **Outpatient Care**- Means any care rendered or coordinated by the hospice care team that is not “home care” or “inpatient care”.

4847. **Palliative Care** – Means the reduction or abatement of pain and other troubling symptoms by appropriate coordination of all elements of the hospice care team needed to achieve needed relief of distress.

4948. **Parent Office** – The primary location or site from which a hospice agency provides services within a Geographic Service Area. The Parent Office is used to determine the base of the Geographic Service Area.

5049. **Patient** – Shall mean the terminally ill individual who meets criteria as defined per State law.

5150. **Period of Crisis** – A period in which a patient required predominately nursing care to achieve palliation or management of acute medical problems.

52. **Person** – Means an individual, a trust or estate, partnership, corporation, association, the state, or a political subdivision or agency of the state.

5351. **Physical Therapist** – Means an individual who is currently licensed to practice physical therapy in the State of Mississippi.

5452. **Plan of Care (POC)** – A written document established and maintained for each individual admitted to a hospice program. Care provided to an individual must be in accordance with the plan. The plan must include a comprehensive assessment of the individual's needs and identification of the care/services including the management of discomfort and symptom relief

5553. **Primary Care person** – A person designated by the patient who agrees to give continuing support and/or care.

5654. **Registered Nurse** – An individual who is currently licensed in the State of Mississippi or in accordance with criteria established per the Nurse Compact Act and is performing nursing duties in accordance with the Mississippi Nurse Practice Act.

5755. **Representative** – An individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.

5856. **Residential Care**- Hospice care provided in a nursing facility or any residence or facility other than the patient's private residence.

5957. **Respite Care**- Short-term care provided in an Inpatient Hospice Facility, hospital, or SNF that meets the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations. Respite care is short-term inpatient care provided to the patient only

when necessary to relieve the family members or other persons caring for the patient. Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time.

60~~58~~. **Social Worker** – An individual who has a degree from a school of social work accredited by the Council on Social Work Education and is licensed by the State of Mississippi.

61~~59~~. **Speech Pathologist** – Shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association and is currently licensed as a Speech and Language Pathologist in the State of Mississippi.

62~~60~~. **Spiritual Services** – Providing the availability of clergy, as needed, to address the patient's/family's spiritual needs and concerns.

63~~61~~. **Terminally Ill**- A medical prognosis of limited expected survival of approximately six months or less, if the disease follows its normal course, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone outside the context of symptom control are ~~is~~ no longer appropriate.

64~~62~~. **Volunteer** – Means a trained individual who provides support and assistance to the patient, family, or organization, without remuneration, in accord with the plan of care developed by the hospice core team and under the supervision of a member of the hospice staff appointed by the governing body or its designee. All volunteers must follow the same rules as employees regarding background checks and health screenings.

65~~63~~. **Director of Volunteers** - Means a person who directs the volunteer program in accordance with the acceptable standards of hospice practice.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 8 APPLICATION FOR LICENSE

Rule 1.8.3 The application shall include complete information concerning the address of the applicant; the ownership of the hospice; if organized as a corporation, the names and addresses of each officer and director of the corporation; if organized as a partnership, the names and addresses of each partner; membership of the governing body; the identities of the medical director and administrator; and any other relevant information which the Mississippi State Department of Health may require. A written amendment to the current application shall be filed when there is a change in any of the information reported in the application.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.5 A license shall be issued to the person(s) named only for the premises listed on the application for licensure. Separate applications and licenses are required for hospices maintained separately, even if they are owned or operated by the same person(s), business or corporation, and may be doing business under the same trade name. No hospices shall establish a branch/satellite facility outside the geographic service area. ~~a 50- mile radius from the Parent facility. However, existing satellite branch offices operating outside the described 50-mile radius referenced in Rule 1.3.27 prior to the effective date of these regulations shall be permitted to remain satellite branch offices under their existing Parent facility.~~

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.6 Licenses are not transferable or assignable by the licensee.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.8 **Deleted.** ~~The application is considered a continuing application. A written amendment to the current application shall be filed when there is a change in any of the information reported in the application.~~

Rule 1.8.10 Operational Requirements/Conditions of Operation – In order for a hospice program to be considered operational, the program must:

1. Have admitted at least ~~ten~~ three patients since the last annual survey;
2. Be able to accept referrals at any time;
3. Have adequate staff to meet the needs of their current patients;
4. Have required designated staff on the premises at all times during business hours;
5. Be immediately available by telecommunications 24 hours per day. A registered nurse must answer calls from patients and other medical personnel after hours;
6. Be open for business of providing hospice services to those who need assistance.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 12 TERMINATION OF OPERATION

Rule 1.12.1 **General** – In the event that a Hospice ceases operation, voluntarily or otherwise, the agency shall:

1. Inform the attending physician, patient, and persons responsible for the patient's care in ample time to provide for alternate methods of care;

2. Provide the receiving facility or agency with a complete copy of the clinical record;

3. Inform the community through public announcement of the termination;

4. Ensure the safekeeping, confidentiality, and storage of all clinical records for a period of six ~~five~~ (6~~5~~) years, following discharge, and notify Mississippi State Department of Health, in writing, the location of all records;

5. Return the license to the licensing agency.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 13 ADMINISTRATION

Rule 1.13.1 **Governing Body**

1. A hospice shall have a governing body (See Definition) that assumes full legal responsibility for compliance with these regulations and for setting policy, appointing persons to carry out such policies, and monitoring the hospice's total operation.

2. Written minutes and attendance of governing body minutes shall be maintained.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.13.2 **Medical Director**

1. Each hospice shall have a Medical Director, who, on the basis of training, experience and interest, shall be knowledgeable about the psychosocial and medical aspects of hospice care. Must be a physician licensed to practice in the state. The hospice may have multiple hospice physicians but only one Medical Director.

2. The Medical Director shall be appointed by the governing body or its designee.

3. The Medical Director is expected to play an integral role in providing medical supervision to the hospice interdisciplinary group and in providing overall coordination of the patient's plan of care. The Medical Director's expertise in managing pain and symptoms associated with the patient's terminal disease is necessary, regardless of the setting in which the patient is receiving services to assure that the hospice patient has access quality hospice care.

4. The duties of the Medical Director shall include, but not be limited to:

   Aa. Determination of patient medical eligibility for hospice services in accordance with hospice program policy;

Bb. Collaboration with the individual's attending physician to assure all aspects of medical care are taken into consideration in devising a palliative plan of care;

Cc. Review, revise and document the plan at intervals specified in the plan, but no less than every 14 calendar days;

Dd. Acting as a medical resource to the hospice care team and as a medical liaison with physicians in the community; and

Ee. Coordination of efforts with each attending physician to provide care in the event that the attending physician is unable to retain responsibility for patient care.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 15 PERSONNEL POLICIES

Rule 1.15.3 **Criminal History Record Checks:**

1. ~~Affidavit -For the purpose of fingerprinting and criminal background history checks, the term "affidavit" means the use of Mississippi State Department of Health (MDH) form #210, or a copy thereof, which shall be placed in the individual's personal file.~~

2. Employee -For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term "employee" also includes any individual who by contract with a covered entity provides patient care in a patient's, resident's, or client's room or in treatment rooms.

3. The term employee does not include healthcare professional/ technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

A. The student is under the supervision of a licensed healthcare provider; and

B. The student has signed the affidavit that is on file at the student's school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust,

aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

C. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13.

4. Covered Entity - For the purpose of criminal history record checks, "covered entity" means a licensed entity or a healthcare professional staffing agency.

5. Licensed Entity - For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency or hospice.

6. Health Care Professional/Vocational Technical Academic Program - For purpose of criminal history record checks, "health care professional/vocational technical academic program" means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

7. Health Care Professional/Vocational Technical Student For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program.

8. Direct Patient Care or Services - For the purposes of fingerprinting and criminal background history checks, the term "direct patient care" means direct hands-on medical patient care and services provided by an individual in a patient, resident or client's room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or provides patient care on a contractual basis.

9. Documented disciplinary action - For the purpose of fingerprinting and criminal background history checks, the term "documented disciplinary action" means any action taken against an employee for abuse or neglect of a patient.

10. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be performed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

A. Every employee of a covered entity must have initial criminal history check and then every two years.

B. ~~1.~~Every new employee of a covered entity who provides direct patient care or services and who is employed after or on July 01, 2003.

C. ~~2. Every~~ Each employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer and then every two years.

11~~3~~. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history check have revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check by any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check.

12~~4~~. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed facility:

A~~a~~. Possession or sale of drugs

B~~b~~. Murder

C~~c~~. Manslaughter

D~~d~~. Armed robbery

E~~e~~. Rape

F~~f~~. Sexual battery

13~~5~~. Sex offense listed in Section 45-33-23, Mississippi Code of 1972:

A~~a~~. Child abuse

B~~b~~. Arson

C~~c~~. Grand larceny

D~~d~~. Burglary

E~~e~~. Gratification of lust

F~~f~~. Aggravated assault

14~~6~~. Felonious abuse and/or battery of vulnerable adult

15~~7~~. Documentation of verification of the employee's disciplinary status, if any, with the employee's professional licensing agency as applicable, and evidence of submission of the employee's fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee's disciplinary status from any applicable professional licensing agency and submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

16~~8.~~ Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require every employee of a licensed facility employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

17~~9~~. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed the affidavit required by this section. The covered entity shall place the affidavit in the employee's personnel file as proof of compliance with this section.

18~~10~~. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or plea has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility's policies and procedures.

19~~11~~. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (g) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the licensed entity's hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the **covered entity**. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence

demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

20~~12~~. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00).

21~~13~~. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying, event provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant's criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history record check as required in this subsection.

22~~14~~. For individuals contracted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

23~~15~~. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officers, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys, and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 17 ORGANIZATION AND STAFFING PERSONNEL QUALIFICATIONS/RESPONSIBILITIES

Rule 1.17.1 **Administrator** – A person who is designated, in writing, by the Governing Body as administratively responsible for all aspects of hospice operations. When the administrator serves more than one licensed agency, he/she shall designate, in writing, an alternate to serve as administrator for each site where he/she is not physically housed continuously. The alternate shall be a full-time, on-site employee of the hospice and shall meet the same qualifications as the administrator. The administrator and the Director of Nurses/Alternates may be the same individual if that individual is dually qualified.

1. Qualifications – Licensed physician, a licensed registered nurse, a social worker with a bachelor's degree, or a college graduate with a bachelor's degree and two (2) years of health care management experience or an individual with one (1) year of healthcare management experience and three (3) years of healthcare service delivery experience that would be relevant to managing the day-to-day operations of a hospice. EXEMPTION: Any person who is employed by a licensed Mississippi hospice as the administrator, as of the effective date of these regulations, shall be exempt from these requirements as long as he/she remains employed by that hospice as the administrator. If the hospice is sold to, acquired by, or merged into another legal entity, such transaction shall have no effect on the exemption provided in the preceding sentence.

2. Responsibilities – The administrator shall be responsible for compliance with all regulations, laws, policies and procedures applicable to hospice specifically and to Medicare/Medicaid issues when applicable:

   A~~a~~. Ensure the hospice employs qualified individuals;

   B~~b~~. Be on-site during business hours or immediately available by e-communications when working within the geographic service area;

   C~~3~~. Be responsible for and direct the day-to-day operations of the hospice;

   D~~4~~. Act as liaison among staff, patients, and governing board;

   E~~5~~. Designate, in writing, an individual who meets the administrator qualifications to assume the authority and the control of the hospice if the administrator is unavailable; and

   F~~6~~. Designate in advance the ID~~T~~G he/she chooses to establish policies governing the day-to-day provisions of hospice care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.2 **Counselor – Bereavement**

1. Qualifications – Documented evidence of appropriate training and experience in the care of the bereaved received under the supervision of a qualified professional.

2. Responsibilities – Under the supervision of a qualified professional, and as part of an organized program for the provision of bereavement services, the counselor shall implement bereavement counseling in a manner consistent with standards of practice. Services include, but are not limited to the following:

   A~~3~~. Assess grief counseling needs;

B~~4~~. Provide bereavement information and referral services to the bereaved, as needed, in accordance with the POC;

C~~5~~. Provide bereavement support to hospice staff as needed;

D~~6~~. Attend hospice ID~~T~~G meetings as needed;

E~~7~~. Document bereavement services provided and progress of bereaved on a clinical progress note to be incorporated in the clinical record; and

F. This shall be available for at least one year after the death of the patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.3 **Counselor – Dietary**

1. Qualifications – A registered dietician licensed in the State of Mississippi who meets the qualification standards of the Commission on Dietetic Registration of the American Dietetic Association.

2. Responsibilities – The dietitian shall implement dietary services based on initial and ongoing assessment of dietary needs in a manner consistent with standards of practice including, but not limited to, the following:

   A~~a~~. Evaluate outcomes of interventions and document findings on a clinical progress note which is to be incorporated into the clinical record within one week of the visit;

   B~~b~~. Collaborate with the patient/family, physician, registered nurse, and/or the ID~~T~~G in providing dietary counseling to the patient/family;

   C~~c~~. Instruct patient/family and/or hospice staff as needed;

   D~~d~~. Evaluate patient socioeconomic factors to develop recommendations concerning food purchasing, preparation and storage;

   E~~e~~. Evaluate food preparation methods to ensure nutritive value is conserved, flavor, texture and temperature principles are adhered to in meeting the individual patient's needs; and

   F~~f~~. Participate in ID~~T~~G conference as needed.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.4 **Counselor – Spiritual**

1. Qualifications – Documented evidence of appropriate training and skills to provide spiritual counseling, such as Bachelor of Divinity, Master of Divinity or equivalent theological degree or training.

2. Responsibilities – The counselor shall provide spiritual counseling based on the initial and ongoing assessment of spiritual needs of the patient/family, in a manner consistent with standards of practice including, but not limited to, the following:

   Aa. Serve as a liaison and support to community chaplains and/or spiritual counselors;

   Bb. Provide consultation, support, and education to the IDTG members on spiritual care;

   Cc. Supervise spiritual care volunteers assigned to family/care givers; and

   Dd. Attend IDTG meetings.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 18 GOVERNING BODY

Rule 1.18.1 The hospice shall have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the hospice's total operation. No contracts/arrangements or other agreements may limit or diminish the responsibility of the governing body. The governing body shall:

1. Designate an individual who is responsible for the day-to-day management of the hospice program;

2. Ensure that all services provided are consistent with accepted standards of practice;

3. Develop and approve policies and procedures which define and describe the scope of services offered;

4. Review policies and procedures at least annually revise them as necessary;

5. Maintain an organizational chart that delineates lines of authority and responsibility for all hospice personnel;

6. Meet no less frequently than quarterly; and

7. Maintain minutes of meeting and attendance.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.2 **Hospice Aide** – A qualified person who provides direct patient care and/or housekeeping duties in the home or homelike setting under the direct supervision of a registered nurse. The facility shall ensure that each hospice aide is appropriately trained and competent to meet the needs of the patient per the plan of care. Documentation must be maintained on-site of all training and competency in accordance with patient plan of care.

1. Responsibilities – The hospice aide shall provide services established and delegated in POC, record and notify the primary registered nurse of deviations according to standard of practice including, but not limited to, the following:

   A~~2~~. Provide assistance with mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, toileting, and/or housekeeping needs.

   B~~3~~. Complete a clinical note for each visit, which must be incorporated into the record at least on a weekly basis.

   D. Competency shall be evaluated by a RN prior to hospice aide performing patient care.

2. Restrictions – The hospice aide shall not:

   A~~a~~. Perform any intravenous procedures, invasive procedures involving the use of Levine tubes or Foley catheters, or any other sterile or invasive procedures.

   B~~b~~. Administer medications.

3. Initial Orientation – The content of the basic orientation provided to the hospice aides shall include the following:

   A~~a~~. Policies and objectives of the agency;

   B~~b~~. Duties and responsibilities of a hospice aide;

   C~~c~~. The role of the hospice aide as a member of the healthcare team;

   D~~6~~. Emotional problems associated with terminal illness;

   E~~7~~. The aging process;

   F~~8~~. Information on the process of aging and behavior of the aged;

   G~~9~~. Information on the emotional problems accompanying terminal illness;

   H~~10~~. Information on terminal care, stages of death and dying, and grief;

I~~11~~. Principles and practices of maintaining a clean, healthy and safe environment;

J~~12~~. Ethics; and

K~~13~~. Confidentiality;

L. Emergency Preparedness; and

M. Annual competency assessment.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.3 NOTE: The orientation and training curricula for hospice aides shall be detailed in a policies and procedures manual maintained by the hospice agency and provision of orientation and training shall be documented in the employee personnel record. Training shall include the following areas of instruction:

1. Assisting patients to achieve optimal activities of daily living;

2. Principles of nutrition and meal preparation;

3. Record keeping;

4. Procedures for maintaining a clean, healthful environment;

5. Changes in the patients' condition to be reported to the supervisor;

6. In-service Training – The hospice aide must have a minimum of 12 hours of appropriate in-service training annually. In-service training may be prorated for employees working a portion of the year. However, part-time employee who worked throughout the year must attend all twelve (12) hours of in-service training; and

7. Confidentiality and Emergency Preparedness.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.4 **Licensed Practical Nurse (LPN) -** The LPN must work under the direct supervision of a registered nurse and perform skilled services as delegated by the registered nurse.

1. Qualifications – A LPN must be currently licensed by the Mississippi State Board of Practical Nurse Examiners with no restrictions:

A~~a~~. With at least one-year full time experience as an LPN. Two years of full-time experience is preferred;

Bb. Be an employee of the hospice agency.

2. Responsibilities – The LPN shall perform skilled nursing services under the supervision of a registered nurse, in a manner consistent with standards of practice, including but not limited to, such duties as follows:

Aa. Observe, record, and report to the registered nurse or director of nurses on the general physical and mental conditions of the patient;

Bb. Administer prescribed medications and treatments as permitted by State regulations;

Cc. Assist the physician and/or registered nurse in performing procedures as per the patient's plan of care.

Dd. Prepare equipment for treatments, including sterilization, and adherence to aseptic techniques;

Ee. Assist the patient with activities of daily living;

Ff. Prepare clinical and/or progress notes and incorporate them into the clinical record at least weekly;

Gg. Perform wound care and treatments as specified per nursing practice and if training competency is documented;

Hh. Accepts verbal/written orders from the physician or nurse practitioner or physician's assistant in accordance with facility policies; and

Ii. Attend hospice IDTG meetings.

3. Restrictions – An LPN shall not:

Aa. Access any intravenous appliance for any reason;

Bb. Perform supervisory aide visit;

Cc. Develop and/or alter the POC;

Dd. Make an assessment visit;

Ee. Evaluate recertification criteria;

Ff. Make aide assignments; or

Gg. Function as a supervisor of the nursing practice of any registered nurse.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.7 **Occupational Therapist**

1. Qualifications – An occupational therapist must be licensed by the State of Mississippi.

2. Responsibilities – The occupational therapist shall assist the physician in evaluating the patient's level of functioning by applying diagnostic and prognostic procedures including, but not limited to, the following:

   Aa. Provide occupational therapy in accordance with a physician's orders and the POC;

   Bb. Guide the patient in his/her use of therapeutic, creative and self-care activities for the purpose of improving function, in a manner consistent with accepted standards of practice;

   Cc. Observe, record, and report to the physician and/or interdisciplinary group the patient's reaction to treatment and any changes in the patient's condition;

   Dd. Instruct and inform other health team personnel, assist in the formation of the POC; including, when appropriate hospice aides and family members in certain phases of occupational therapy in which they may work with the patient;

   Ee. Document each visit made to the patient and incorporate notes into the clinical record within one week of the visit;

   Ff. Participate in IDTG conference as needed with hospice staff; and

   Gg. Prepare written discharge summary when applicable, with a copy retained in patient's clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.9 **Physical Therapist (PT) -** The physical therapist when provided must be available to perform in a manner consistent with accepted standards of practice.

1. Qualifications – The physical therapist must be currently licensed in the State of Mississippi.

2. Responsibilities – The physical therapist shall assist the physician in evaluating the patient's functional status and physical therapy needs in a manner consistent with standards of practice to include, but is not limited to, the following:

   Aa. Provide services within the scope of practice as defined by state law governing the practice of physical therapy, in accordance with the POC, and in coordination with the other members of the IDTG:

   Bb. Observe, and report to the physician and the IDTG, the patient's reaction to treatment and any changes in the patient's condition;

   Cc. Instruct and inform participating member of the IDTG, the patient, family/care givers, regarding the POC, functional limitations and progress toward goals;

   Dd. Prepare clinical and progress notes for each visit and incorporate them into the clinical record within one week of the visit;

   Ee. Participate in IDTG conference as needed with hospice staff;

   Ff. The physical therapist shall be readily accessible by telecommunications.

   Gg. The physical therapist shall evaluate and establish a written treatment plan on the patient prior to implementation of any treatment program; and

   Hh. The physical therapist shall assess the final treatment rendered to the patient at discharge and write a discharge summary with a copy retained in the clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.10 **Physical Therapy Assistant (PTA)**

1. Qualifications – A physical therapy assistant must be licensed by the Physical Therapy Board of Mississippi and supervised by a Physical Therapist.

2. Responsibilities – The physical therapy assistant shall:

   Aa. Provide therapy in accordance with the POC;

   Bb. Document each visit made to the patient and incorporate notes into the clinical record at least weekly; and

   Cc. Participates in IDTG conference as needed with hospice staff.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.11 **Registered Nurse (RN) -** The hospice must designate a registered nurse to coordinate the implementation of the POC for each patient.

1. Qualifications – A licensed registered nurse must be currently licensed to practice in the State of Mississippi with no restrictions:

   Aa. Have at least one-year full-time experience as a registered nurse or have been a licensed LPN employed for three years full-time working in a healthcare setting; and

   Bb. Be an employee of the hospice.

2. Responsibilities – The registered nurse shall identify the patient/family's physical, psychosocial, and environmental needs and reassess as needed but no less frequently than every 14 15 days:

   Aa. Provide nursing services in accordance with the POC;

   Bb. Document problems, appropriate goals, interventions, and patient/family response to hospice care;

   Cc. Collaborate with the patient/family, attending physician and other members of the IDTG in providing patient and family care;

   Dd. Instruct patient/family in self-care techniques when appropriate;

   Ee. Supervise ancillary personnel and delegate responsibilities when required;

   Ff. Complete and submit accurate and relevant clinical notes regarding the patient's condition into the clinical record within one week of the visit;

   Gg. Make LPN supervisory visits to the patient's residence at least every 14 days to assess compliance with the plan of care and determine progress towards goals. The LPN does not have to be present; Provide direct supervision of the Licensed Practical Nurse (LPN) in the home of each patient seen by the LPN at least once a month;

   Hg. Make RN supervisory visits to the patient's residence at least every 14 days, other week with the aide alternately present and absent, to provide direct supervision, to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs relationships and determine whether goals are being met. The Hospice Aide does not have to be present; For the initial visit, the RN must accompany/assist the nurse aide;

Ii. If a hospice aide is assigned to a patient by the RN, in accordance with the POC, specific written instructions for patient care are to be prepared by the RN. All personal care services are to be outlined for the patient, in writing, by the RN;

Jj. Document supervision, to include the hospice aide relationships, services provided and instructions and comments given as well as other requirements of the clinical note;

Kk. Document annual performance reviews for the hospice aide. This performance review must be maintained in the individual's personnel record; and

Ll. Attend hospice IDTG meetings.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.12 **Social Worker**

1. Qualifications – A minimum of a bachelor's degree from a school of social work accredited by the Council of Social Work Education. This individual must be licensed in the State of Mississippi:

   Aa. A minimum of one year documented clinical experience appropriate to the counseling and casework needs of the terminally ill.

   Bb. Must be an employee of the hospice.

2. Responsibilities – The social worker shall assist the physician and other IDTG members in understanding significant social and emotional factors related to the patient's health status and shall include, but not be limited to:

   Aa. Assessment of the social and emotional factors having an impact on the patient's health status;

   Bb. Assist in the formulation of the POC;

   Cc. Provide services within the scope of practice as defined by state law and in accordance with the POC;

   Dd. Coordination with other IDTG members and participate in IDTG conferences;

   Ee. Prepare clinical and/or progress notes and incorporate them into the clinical record within one week of the visit;

F~~f~~. Participate in discharge planning, and in-service programs related to the needs of the patient;

G~~g~~. Acts as a consultant to other members of the ID~~T~~G;

H~~h~~. When medical social services are discontinued, submit a written summary of services provided, including an assessment of the patient's current status, to be retained in the clinical record; and

I~~i~~. Attend hospice ID~~T~~G meetings.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.13 **Speech Pathology Services**

1. Qualifications – A speech pathologist must:

   A~~a~~. Be licensed by the State of Mississippi; or

   B~~b~~. Have completed the academic requirements and is in the process of accumulating the necessary supervised (as directed by the State Certifying body) work experience required for certification. Evidence of this supervision will be retained in the non-certified speech pathologist's personnel folder.

2. Responsibilities – The speech pathologist shall assist the physician in evaluation of the patient to determine the type of speech or language disorder and the appropriate corrective therapy in a manner consistent with standards of practice to include, but is not limited to, the following:

   A~~a~~. Provide rehabilitative services for speech and language disorders;

   B~~b~~. Observe, record and report to the physician and the ID~~T~~G the patient's reaction to treatment and any changes in the patient's condition;

   C~~c~~. Instruct other health personnel and family members in methods of assisting the patient to improve and correct speech disabilities;

   D~~d~~. Communicate with the registered nurse, director of nurses, and/or the ID~~T~~G the need for continuation of speech pathology services for the patient;

   E~~e~~. Participate in hospice ID~~T~~G meetings as needed;

   F~~f~~. Document each visit made to the patient and incorporate notes into the clinical record within one week of the visit; and

Gg. Prepare written discharge summary as indicated, with a copy retained in patient's clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.14 **Volunteers -** Volunteers that provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications – Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

2. Responsibilities - The volunteer shall:

   Aa. Provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;

   Bb. Provide input into the plan of care and interdisciplinary group meetings, as appropriate;

   Cc. Document services provided as trained and instructed by the hospice agency;

   Dd. Maintain strict patient/family confidentiality; and

   Ee. Communicate any changes or observations to the assigned supervisor.

3. Initial Training – The volunteers must receive appropriate documented training which shall include at a minimum:

   Aa. An introduction to hospice;

   Bb. The role of the volunteer in hospice;

   Cc. Concepts of death and dying;

   Dd. Communication skills;

   Ee. Care and comfort measures;

   Ff. Diseases and medical conditions;

   Gg. Psychosocial and spiritual issues related to death and dying;

   Hh. The concept of the hospice family;

   Ii. Stress management;

Jj. Bereavement;

Kk. Infection control;

Ll. Safety;

Mm. Confidentiality;

Nn. Patient rights;

Oo. The role of the IDTG;

Pp. Additional supplemental training for volunteers working in specialized program (i.e. Nursing homes, AIDS facilities);and

R. The hospice shall offer hospice relevant in-service training on a quarterly basis and maintain documentation.

4. All volunteers must follow the same rules as employees regarding background checks and health screenings.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 19 PATIENT CARE SERVICES

Rule 1.19.2 **Plan of Care (POC) -** Within 48 hours of the admission, a written plan of care must be developed for each patient/family by a minimum of two IDTG members and approved by the full IDTG and the Medical Director at the next meeting. The care provided to an individual must be in accordance with the POC.

1. The IDTG member who assesses the patient's needs must meet or call at least one other IDTG member before writing the IPOC. At least one of the persons involved in developing the IPOC must be a registered nurse or physician.

2. At a minimum the POC will include the following:

An assessment of the individual's needs and identification of services, including the management of discomfort and symptom relief;

Aa. In detail, the scope and frequency of services needed to meet the patient's and family's needs. The frequency of services established in the POC will be sufficient to effectively manage the terminal diagnosis of the patient, provide appropriate amounts of counseling to the family, and meet or exceed nationally accepted hospice standards of practice;

B~~b~~. Identification of problems with realistic and achievable goals and objectives;

C~~c~~. Medical supplies and appliances including drugs and biologicals needed for the palliation and management of the terminal illness and related conditions;

D~~d~~. Patient/family understanding, agreement and involvement with the POC; and

E~~e~~. Recognition of the patient/family's physiological, social, religious and cultural variables and values.

3. The POC must be maintained on file as part of the individual's clinical record. Documentation of updates shall be maintained.

4. The hospice will designate a registered nurse to coordinate the implementation of the POC for each patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.3 **Review and Update of the Plan of Care**

1. The plan of care is reviewed and updated at intervals specified in the POC, when the patient's condition changes and a minimum of every 14 days for home care and every 7 days for general inpatient care, collaboratively with the ID~~T~~G and the attending physician.

2. Agency shall have policy and procedures for the following:

A~~a~~. The attending physician's participation in the development, revision, and approval of the POC is documented. This is evidenced by change in patient orders and documented communication between Hospice Staff and the attending physician;

B~~b~~. Physician orders must be signed and dated in a timely manner but must be received before billing is submitted for each patient.

3. The agency shall have documentation that the patient's condition and POC is reviewed and the POC updated, even when the patient's condition does not change.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.4 **Coordination and Continuity of Care:** The hospice shall adhere to the following additional principles and responsibilities:

1. An assessment of the patient/family needs and desire for hospice services and a hospice program's specific admission, transfer, and discharge criteria determine any changes in services;

2. Nursing services, physician services, and drugs and biologicals are routinely available to hospice patients on a 24-hour basis, seven days a week;

3. All other covered services are available on a 24-hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions;

4. Case-management is provided and an accurate and complete documented record of services and activities describing care of patient/family is maintained;

5. Collaboration with other providers to ensure coordination of services;

6. Maintenance of professional management responsibility and coordination of the patient/family care regardless of the setting;

7. Maintenance of contracts/agreements for the provision of services not directly provided by the hospice, including but not limited to:

   Aa. Radiation therapy;

   Bb. Infusion therapy;

   Cc. Inpatient care;

   Dd. Consulting physician.

8. Provision or access to emergency medical care;

9. When home care is no longer possible, assistance to the patient in transferring to an appropriate setting where hospice care can be delivered;

10. When the patient is admitted to a setting where hospice care cannot be delivered, hospice adheres to standards, policies and procedures on transfer and discharge and facilitates the patient's transfer to another care provider;

17. Maintenance of appropriately qualified IDTG health care professionals and volunteers to meet patients need;

18. Maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice must document a continuing level of volunteer activity;

19. Coordination of the ~~IDT~~IDG, as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC;

20. Supervision and professional consultation by qualified personnel, available to staff and volunteers during all hours of service;

21. Hospice care provided in accordance with accepted professional standards and accepted code of ethics;

22. The facility must proceed in accordance with written policy at the time of death of the patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.5 **Pharmaceutical Services**

1. Every home health agency, hospice organization or business/location in this state subject to regulation by the Mississippi Board of Pharmacy where certain prescription drugs as approved by the Board are bought, maintained, administered, or provided directly to consumers, without the services of a pharmacist being required, shall obtain a permit as a home health/hospice from the Mississippi Board of Pharmacy (Refer to ~~article XXXIII~~ Home Health and Hospice Permits MS Board of Pharmacy).

2~~1~~. Hospices must provide for the pharmaceutical needs of the patient as related to the terminal diagnosis.

3~~2~~. The agency shall institute procedures which protect the patient from medication errors.

4~~3~~. The Agency shall provide verbal and written instruction to patient and family regarding the administration of their medications, as indicated.

5~~4~~. Drugs and treatments are administered by agency staff as ordered by the physician.

6~~5~~. The hospice must ensure appropriate monitoring and supervision of pharmaceutical services and have written policies and procedures governing prescribing, dispensing, administering, controlling, storing, and disposing of all biologicals and drugs in compliance with applicable laws and regulations.

7~~6~~. The hospice must ensure timely pharmaceutical services on a 24 hour a day/seven day a week basis that include provision of drugs, biologicals and infusion services which are consistent with patient's individual drug profile.

8~~7~~. The hospice must provide the ID~~T~~G and the patient/family with coordinated information and instructions about individual drug profiles.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.10 **Clinical Records** - In accordance with accepted principles of practice the hospice shall establish and maintain a clinical record for every individual receiving care and services. The record shall be complete, promptly, and accurately documented, readily accessible, and systematically organized to facilitate retrieval. The clinical record shall contain all pertinent past and current medical, nursing, social and other therapeutic information, including the current POC under which services are being delivered.

1. All clinical records shall be safeguarded against loss, destruction and unauthorized use and shall be maintained at the hospice site issued the license. ~~(S.O.M. 208.1)~~

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 20 ADMINISTRATION

Rule 1.20.4 **Contract Services**

1. When the hospice provides services on a contractual basis to a patient the hospice is responsible for all actions of the contract personnel.

2. The hospice shall not at any time use contract employees as administrator/alternate or for the provision of core services unless the facility provides documentation that a waiver has been granted in accordance with certification requirements.

3. Whenever services are provided by an organization or individual other than the hospice, a written agreement will delineate services available and procedures for accessing those services.

4. Whenever services are provided by an outside agency or individual, a legally binding written agreement must be ~~effective~~ affected. The legally binding written agreement shall include at least the following items:

A~~a~~. Identification of the services to be provided;

B~~b~~. A stipulation that services may be provided only with the express authorization of the hospice;

C~~c~~. The manner in which the contracted services are coordinated, supervised, and evaluated by the hospice;

D~~d~~. The delineation of the role(s) of the hospice and the contractor in the admission process, patient/family assessment, and the ID~~T~~G conferences;

E~~e~~. Requirements for documenting that services are furnished in accordance with the agreement;

F~~f~~. The qualifications of the personnel providing the services;

G~~g~~. Assurance that the personnel contracted complete the clinical record in the same timely manner as required by the staff personnel of the hospice;

H~~h~~. Payment fees and terms; and

I~~i~~. Statement that the hospice retains responsibility for appropriate hospice care training of the personnel who provide care under the agreement.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.20.5 **Quality Assurance**

1. The hospice shall conduct an ongoing, comprehensive integrated self-assessment quality improvement process (inclusive of inpatient care, home care and respite care) which evaluates not only the quality of care provided, but also the appropriateness care/services provided and evaluations of such services. Findings shall be documented and used by the hospice to correct identified problems and to revise hospice policies.

2. The hospice shall have written plans, policies and procedures addressing quality assurance.

3. The hospice shall designate, in writing, an individual responsible for the coordination of the quality improvement program.

4. The hospice shall conduct quality improvement meetings quarterly, at a minimum.

5. The Hospice's written plan for continually assessing and improving all aspects of operations must include:

A~~a~~. Goals and objectives;

B~~b~~. A system to ensure systematic, objective quarterly reports. Documentation must be maintained to reflect that such reports were

reviewed with the ID~~T~~G, the Medical Director, the Governing Body and distributed to appropriate areas;

C~~c~~. The method for evaluating the quality and the appropriateness of care;

D~~d~~. A method for resolving identified problems; and

E~~e~~. Application to improving the quality of patient care.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 27 RECORDS

Rule 1.27.4 **Retention of Records**: Clinical records shall be preserved as original records, ~~microfilms,~~ electronic medical record, or other usable forms and shall be such as to afford a basis for complete audit of professional information. Complete clinical records shall be retained for a period after discharge of the patient of at least five (5) years. In the event the hospice shall cease operation, the Department shall be advised of the location of said records.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 43 MEDICAL WASTE

Rule 1.43.2 **Deleted ~~Medical Waste~~** ~~– Means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.~~

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.3 **Medical Waste Management Plan** – All generators of infectious medical waste and medical waste shall have a medical waste management plan in accordance with Adopted Standards for the Regulation for Medical Waste. ~~All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:~~

~~1. **Storage and Containment of Infectious Medical Waste and Medical Waste**~~

~~a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.~~

~~b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.~~

c. Unless approved by the Mississippi State Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 60 C (38 degrees F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 degrees C (32 degrees F) for a period of not more than 90 days without specific approval of the Department of Health.

d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the Department and legible during daylight hours.

e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport.

f. All sharps shall be contained for disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

g. All bags used for containment and disposal of infectious medical waste shall be of distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.

h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

i. Infectious medical waste and medical waste contained in disposable containers, as prescribed above, shall be placed for storage, handling or transport in disposable or reusable pails, cartons, drums or portable bins. The containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a

~~method specified by the Mississippi State Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in E.~~

~~k. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:~~

~~l. Exposure to hot water at least 180 F for a minimum of 15 seconds.~~

~~m. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:~~

~~i. Hypochlorite solution (500 ppm available chlorine).~~

~~ii. Phenolic solution (500 ppm active agent).~~

~~iii. Iodoform solution (100 ppm available iodine).~~

~~iv. Quaternary ammonium solution (400 ppm active agent).~~

~~n. Reusable pails, drums or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (J) of this section.~~

~~o. Trash chutes shall not be used to transfer infectious medical waste.~~

~~p. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be landfilled in an approved landfill.~~

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.4 **Deleted.** ~~**Treatment Or Disposal Of Infectious Medical Waste Shall Be by One Of the Following Methods:**~~

~~1. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.~~

~~2. By sterilization by heating in a steam sterilizer, so as to render the waste non-infectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to the following:~~

a. Adoption of standard written operating procedures or each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity;

b. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250 degrees F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually;

c. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions;

d. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions;

e. Maintenance of records of procedures specified in (a), (b), (c) and (d) above for period of not less than a year;

f. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Mississippi State Department of Health.

3. Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is specifically authorized by the Mississippi State Department of Health.

4. Chemical sterilization shall use only those chemical sterilants recognized by the U. S. Environmental Protection Agency, Office of Pesticides and Toxic Substances.

5. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus Subtilis Spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.5 **Infection Control**

1. The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

2. The hospice inpatient facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the hospice. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases

3. The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 46 PHYSICAL FACILITIES: DESIGN AND CONSTRUCTION ELEMENTS

Rule 1.46.2 **Codes**. The term "safe" as used in Section Rule 1.46.1 hereof shall be interpreted in the light of compliance with the requirements of the codes recognized by this agency on date of construction which are incorporated by reference as a part of these Minimum Standards; included are the Life Safety Code of the National Fire Protection Association, American National Standards Institute, Standards Number A-17.1, and A-17.3, Safety Code for Elevators and Escalators, the American Institute of Architects (AIA), Guidelines for Design and Construction of Hospital and Health Care Facilities, and references incorporated as body of all afore mentioned standards. Life Safety Code compliance relative to construction date:

1. Buildings constructed after ~~October 17, 2007,~~ November 1 ,2016, shall comply with the new chapter 18 ~~edition~~ of the Life Safety Code (NFPA 101) recognized by this agency on the date of construction.

2. Building constructed prior to ~~October 17, 2007~~, November 1, 2016, shall comply with existing chapter 19 of the Life Safety Code recognized by this agency.

3. For minimum standards governing Heating, Ventilation, and Air Conditioning (HVAC), area design, space allocation, parking requirements, and other considerations not specifically addressed by local authority or standards referenced herein, compliance with the AIA guidelines will be deemed acceptable.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 47 BUILDING REQUIREMENTS

Rule 1.47.2 **Multi-Story Building**.

1. Fire resistive construction. After adoption of these regulations all institutions for the aged or infirm containing two (2) or more stories shall be of at least one-hour fire resistive construction throughout except as provided in Rule 1.47.1.2 ~~140.1 (2)~~. The current edition of the National Fire Protection Association (NFPA) Standard 220, Types of Building Construction. shall be the governing code for one hour fire resistance construction items which are not covered in the regulations.

2. Elevator required. No patient shall be housed above the first floor unless the building is equipped with an elevator. The minimum cab size of the elevator shall be approximately five (5) feet four (4) inches by eight (8) feet no (0) inches and constructed of metal. The width of the shaft door shall be at least three (3) feet ten (10) inches. The load weight capacity shall be at least two thousand five hundred (2,500) pounds. The elevator shaft shall be enclosed in fire resistant construction of not less that two-hour fire resistive rating. Elevators shall not be counted as required exits. Elevators are subject to the requirements of the referenced standard listed in Rule 1.46.2 ~~paragraph 139.2~~ of this chapter. Exceptions to sub-paragraphs 1 and 2 may be granted to existing facilities at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.4 **Structural Soundness and Repair; Fire Resistive Rating** – The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonably attractive inside and out. One-story structures shall have a one-hour fire resistance rating except that walls and ceilings of high fire hazard areas shall be of two-hour fire resistance rating in accordance with NFPA #220. Multi-storied buildings shall be of fire resistive materials. Multi-storied buildings shall be of fire resistive materials. One hour fire resistance rating as prescribed by the current edition of the National Fire Protection Association (NFPA) Standard 220, types of Building Construction. (Example: Type II (111), or Type V (111). (Except walls and ceilings of high fire hazard areas shall be of two-hour fire resistance rating).

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.23 **Fire Extinguishers**- Fire extinguishers of number, type, and capacity appropriate to the need shall be provided for each floor and for special fire hazard areas such as kitchen, laundry, and mechanical room. All extinguishers shall be of a type approved by the licensing authority of the Department of Health. A vaporizing liquid extinguisher (such as carbon tetrachloride) will not be approved for use inside the building. Extinguishers shall be inspected and serviced periodically as recommended by the manufacturer. The

date of inspection shall be entered on a tag attached to the extinguisher and signed by a reliable inspector such as the local fire chief or representative of a fire extinguisher servicing company. The current edition of NFPA 10 and NFPA 72, Standard for Portable Fire Extinguishers, shall be the governing code for fire extinguishers which are not covered in these regulations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.24 **Fire Detection and Fire Protection System**

1. ~~If an~~ An automatic sprinkler-alarm shall be installed in ~~is installed, it shall meet the requirements as a recommended by the National Fire Protection Association according to NFPA, No. 13.~~, with the current edition of NFPA 13, Installation of Sprinkler Systems, recognized by this agency on the date of construction.

2. ~~If an automatic fire detection system is installed, it shall meet the following requirements:~~ Fire alarms and smoke detectors shall be installed in accordance with current edition of NFPA 72, National Fire Alarm Code, recognized by this agency on the date of construction.

~~3. It shall be an Underwriters' Laboratories approved system.~~

~~4. A smoke detector unit shall be installed upon the ceiling or on the side walls near the ceiling throughout all parts of the premises including all rooms, halls, storage areas, basements, attics, and lofts and inside all closets, elevator shafts, enclosed stairways and dumbwaiter shafts, chutes, and other enclosures.~~

~~5. The system shall be electrically supervised so that the occurrence of a break or a ground fault of its installation writing circuits, which present the required operation of system or failure of its main power supply source, will be indicated by a distinctive trouble signal.~~

~~6. The conductors of the signaling system power supply circuit shall be connected on the line side of the main service of a commercial light or power supply circuit. A circuit disconnecting means shall be so installed that it will be accessible only by authorized personnel.~~

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.25 **Smoke Barrier or Fire-Retardant Walls-** Each building shall be divided into areas not exceeding five thousand (5,000) square feet between exterior walls or smoke barrier walls. The barrier walls shall be constructed from floor to roof decking with no openings except in corridors or other areas specifically approved by the licensing agency. Self-closing "B" label fire doors with fusible linkage shall be installed in the barrier walls in corridors. All air spaces in the walls shall be filled with noncombustible material. The current edition of NFPA 101 Life Safety Code (recognized by licensing agency) shall be

the governing code for smoke barrier or fire-retardant walls items which are not covered in the regulations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.28 **Required Fire Exits**

1. At least two (2) exits, remote from each other, shall be provided for each occupied story of the building. Dead-end corridors are undesirable and in not even shall exceed thirty (30) feet.

2. Exits shall be of such number and so located that the distance of travel from the door of any occupied room to an exit from that floor shall not exceed one hundred (100) feet. In buildings completely protected by a standard automatic sprinkler system, the distance may be one hundred fifty (150) feet.

3. Each occupied room shall have at least one (1) door opening directly to the outside or to a corridor, stairway, or ramp leading directly to the outside.

4. Doors on fire exits shall open to the outside.

5. ~~Building Exits Code, NFPA, No. 101~~ The current edition of NFPA 101 Life Safety Code (recognized by licensing agency) shall be the governing code for exit items which are not covered in the regulations.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 48 EMERGENCY OPERATIONS PLAN (EOP)

Rule 1.48.1 The licensed entity shall develop and maintain a written preparedness plan utilizing the Emergency Operations Plan (EOP) Template developed by the MSDH Office of Emergency Planning and Response. All Hazards" and "Whole Community" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any pandemic, act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency ~~Preparedness~~ Planning and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness Planning and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency ~~Preparedness~~ Planning and Response. The eight ~~six~~ (8~~6~~) critical areas of consideration are:

1. Communications – Facility status reports shall be submitted in a format and a frequency as required by the Office of Emergency Planning and Response ~~EOP~~;

2. Resources and Assets;

3. Safety and Security;

4. Smoke Detectors/Extinguishers (Refer to NFPA 10 and NFPA 72);

5. ~~4.~~ Staffing;

6. ~~5.~~ ~~Utilities~~ Infrastructure (Water, sewer, electricity, data systems, etc.);

7. ~~6.~~ Clinical Activities; and

8. Continuity of Operations Planning (COOP) to include surge and alternate care sites.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.48.2 Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Office of Emergency ~~Preparedness~~ Planning and Response. Written evidence of current ~~approval~~ verification or review of provider EOPs, by the Office of Emergency ~~Preparedness~~ Planning and Response, shall accompany all applications for facility license renewals.

SOURCE: Miss. Code Ann. §41-85-7

SUBCHAPTER 49 FACILITY FIRE PREPAREDNESS

Rule 1.49.1 Fire Drills. ~~Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four (4) times per year.~~

1. Inpatient- Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four (4) times per year.

2. Outpatient-Fire drills shall be conducted a minimum of (2) times per year.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 50 NURSING UNIT

Rule 1.50.5 **Nurses' Station** - Each inpatient hospice shall have a nurses' station for each nursing unit. The nurses' station shall include as a minimum the following:

1. Annunciator board or other equipment for patient's call;

2. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) feet;

3. Storage space for patients' medical records and nurses' charts.

4. Lavatory or sink with disposable towel dispenser;

5. Desk or countertop space adequate for recording and charting purposes by physicians and nurses;

6. The nurses' station area shall be well-lighted; and

7. It is recommended that nurses' lounge with toilet be provided for nursing personnel adjacent to the station. A refrigerator for the storage of drugs shall be provided at each nurses' station. Drugs, food, and beverages may not be stored together. ~~only if separate compartments or containers are provided for the storage of drugs.~~

SOURCE: Miss. Code Ann. §41-85-7