

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ALTERNATIVE REMEDIES TO SPECIFIED REMEDIES FOR
SKILLED NURSING AND INTERMEDIATE
CARE FACILITIES

Reduction of Payment. For each deficiency cited as a result of any official survey, the Division of Medicaid shall reduce the per diem payment to the facility by the following amounts:

- o For each deficiency that reflects substandard quality of care was provided to the residents, the amount of 5%, not to exceed a maximum of 15%, of the rate in effect at the time the remedy is imposed.
- o For each deficiency other than those that reflect substandard quality of care was provided to the residents, the amount of 2%, not to exceed a maximum of 10%, of the rate in effect at the time the remedy is imposed.

This remedy, when imposed, will begin on the first day of the month following the month in which the Division of Medicaid is notified in writing of the deficiency citation/s by the surveying entity or if the deficiency citation/s are appealed, the first day of the month following the month in which the citation/s were upheld. The remedy may continue for the same number of months, or parts thereof, as the deficiency/s remained uncorrected or the facility's provider agreement terminated, whichever comes first.

In determining the amount of reduction, the Division of Medicaid may consider the following:

- o The actual harm or potential harm that the deficiency/deficiencies posed to the residents,
- o The facility's history of noncompliance with the requirements of participation, including repeat deficiencies,
- o The facility's financial condition,
- o The monetary gain of the facility by noncompliance,
- o The category of the noncompliant requirement/s,
- o The facility's efforts to attain compliance and remain in compliance,
- o The cost of enforcement activities to the State,

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- o The effect of the penalty in getting immediate corrective action by the facility and its future deterrent potential.

In instituting this alternative, the Division of Medicaid believes this remedy to be as effective as the mandatory ones in deterring noncompliance and correcting deficiencies for the following reasons:

- o This financial disincentive may be invoked faster than a civil money penalty.
- o The remedy is fair since it will affect each facility relatively the same; the larger the facility, the greater the amount.
- o The more damaging the deficiency on residents, the greater the amount of reduction.
- o The most effective deterrent available to the Division of Medicaid in the past has been a monetary penalty against noncomplying facility.
- o Correcting deficient activities associated with resident recertifications in the past were immediately corrected by facility rate reductions on a per day basis.

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DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The following information which is contained in the nurse aid registry in addition to the requirements of 42 CFR 483.156 (c)(1)(iii) and (iv) shall be disclosed upon request:

- the individual's last known address,
- the individual's date of birth,
- the employment status of the individual including: place of employment and full time or part time,
- the social security number of the individual,
- if the individual is included on the registry by successfully completing the examination, by reciprocating from another state or by receiving deemed status,
- the state assigned registration number,
- the training code number for program completed and the date of completion of training program,
- the date the individual passed the competency evaluation,
- the individual's last known employer including name/location and date of hire
- a special code or identifier to indicate, if applicable, confirmed findings by the state survey agency of abuse, neglect, or misappropriation of resident property by the individual, and
- a special code or identifier to indicate, if applicable, that an administrative hearing is pending regarding alleged abuse, neglect, or misappropriation of property.

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COLLECTION OF ADDITIONAL REGISTRY INFORMATION

In addition to the requirements of 42 CFR 483.156(c) the nurse aide registry shall contain all the information listed on attachment 4.38, page 1.

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DEFINITION OF SPECIALIZED SERVICES

Specialized services for mental illness are the services which, combined with services provided by the nursing facility (NF), result in the continuous and aggressive implementation of an individualized plan of care that is developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals. The plan of care prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time. These services are defined as medication monitoring by a psychiatrist, life-threatening crisis intervention, intensive individual, family or group psychotherapy, and intensive psychosocial rehabilitation skills.

Specialized serves for mental retardation are the services which, combined with services provided by the NF or other service providers, result in treatment which meets the requirements of 42 ~~CFR483.400(a)(1)~~. *P:1 HCFA 2/3/95*
42 CFR483.440(a)(1)

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