

# MISSISSIPPI

## Licensure Terms

Personal Care Home-Assisted Living, Personal Care Home-Residential Living

## General Approach

The Mississippi Department of Health, Health Facilities Licensure and Certification, licenses two types of personal care homes: assisted living and residential living. The primary difference between these two settings is that residential living communities may not admit or retain individuals who cannot ambulate independently.

A licensed personal care home may establish a separate Alzheimer's disease/dementia care unit. The rules and regulations for such units are in addition to the licensure requirements for the facility. Any licensed facility that establishes an Alzheimer's disease/dementia care unit and meets the additional requirements will have the designation printed upon the certificate of licensure issued by the licensing agency.

*Adult Foster Care (AFC).* An AFC home is a setting for vulnerable adults who are unable to live independently due to physical, emotional, developmental, or mental impairments; or who are in need of emergency and continuing protective social services to prevent further abuse or neglect; and to safeguard and enhance the welfare of abused or neglected vulnerable adults. AFC programs provide a variety of health, social, and related support services in a protective setting, enabling participants to live in the community and may be traditional (the foster care provider lives in the residence and is the primary caregiver); corporate (the foster care home is operated by a corporation with staff delivery of services to residents); or shelter (the foster care home accepts residents on an emergency short-term basis for up to 30 days). The definition does not specify the maximum number of beds. *Regulatory provisions for AFC are not included in this profile but a link to the provisions can found at the end.*

*This profile includes summaries of selected regulatory provisions for personal care homes--assisted living and, when they differ, for personal care homes--residential living. The complete regulations are online at the links provided at the end.*

## Definitions

**Personal care home-assisted living** is a licensed facility operating 24 hours a day, 7 days a week, accepting individuals who require assisted living services as defined by the state's regulations. Assisted living means the provision of personal care

and supplemental services, including--but not limited to--the provision of medical services (i.e., medication procedures and medication administration) and emergency response services.

**Personal care home-residential living** is a licensed facility operating 24 hours a day, 7 days a week, accepting individuals who require personal care services or individuals who, due to functional impairments, may require mental health services to compensate for limitations in activities of daily living (ADLs).

## Resident Agreements

An agreement must be signed prior to or on admission and must contain information about the following:

- Basic charges for services agreed upon.
- The period covered by the charges.
- Services that incur additional fees.
- Refunds for any payments made in advance.
- A statement that the operator shall make the resident's responsible party aware, in a timely manner, of any changes in the resident's status, including those that require transfer and discharge.

Facilities must also give written notice to the resident or responsible party when basic charges or facility policies change.

## Disclosure Provisions

*No provisions identified.*

## Admission and Retention Policy

**Personal care homes-assisted living** may only admit residents whose needs it can meet. An appropriate resident is typically an aged ambulatory person who requires personal care and who may require non-medical services, medical services such as medication assistance, emergency response services, and home health services prescribed by a physician. Residents who require a wheelchair must be capable of transferring to the wheelchair and propelling it independently or with prompting. No more than 10 percent of the resident census can require assistance during any staffing shift.

A person may not be admitted or retained if he or she:

- Requires physical restraints.

- Poses a serious threat to self or others.
- Requires certain treatments (nasopharyngeal and/or tracheotomy suctioning; gastric feedings; intravenous (IV) fluids, medications, or feedings; an in-dwelling urinary catheter; sterile wound care); or treatment of decubitus ulcers or exfoliative dermatitis.

Specified exceptions and agency approval permit some residents who do not meet the retention criteria to continue living in a facility. No facility may allow more than two residents, or 10 percent of the total number of residents, whichever is greater, to remain under these circumstances.

Facilities that admit residents requiring mental health services must help arrange transportation to mental health appointments and cooperate with the community mental health center or other provider of mental health services, as-necessary, to ensure access to and the coordination of care.

***Personal Care Homes-Residential Care.*** Provisions are identical to those for assisted living, with the exception that residents who are not ambulatory may not be admitted or retained.

The state has separate regulations for Alzheimer's disease/dementia care units, which are permitted to accept persons with up to Stage II Alzheimer's disease. Before admission, a complete medical examination must be conducted by a physician, nurse practitioner, or physician assistant; and an assessment by a licensed practitioner whose practice includes the assessment of cognitive, functional, and social abilities, must also be conducted. These assessments must demonstrate that the individual is appropriate for placement. Facilities must have policies and procedures to deal with residents who may attempt to wander outside the facility.

## Services

Personal care homes provide laundry, assistance with ADLs, social activities, and referral to social services as needed.

Dementia care units must provide daily therapeutic activities provided by a certified therapeutic recreation specialist. Activities may include those focused on self-care; domestic tasks; life skills; relationships; leisure; holidays; meals; and intellectual, spiritual, creative, and physically active pursuits. Activities may be conducted in structured large and small groups.

### ***Service Planning***

Prospective residents must be given a thorough examination by a licensed physician or certified nurse practitioner, or physician assistant within 30 days prior to

admission to determine the appropriateness of admission. A re-examination by a physician and/or nurse practitioner or physician assistant is required annually.

### **Third-Party Providers**

*No provisions identified for either licensure category.*

## **Medication Provisions**

**Personal Care Homes-Assisted Living.** Medication administration is defined as decisions made by someone other than the person for whom the medication has been prescribed regarding which medication is to be taken, the dosage of the medication, or the time at which the medication is to be taken. Only a licensed nurse may administer medications to residents who do not self-administer.

Medication assistance is any form of delivering prescribed medication that is not defined as “medication administration” including, but not limited to, the physical act of handing an oral prescription medication to the resident along with liquids to assist the resident in swallowing.

**Personal Care Homes-Residential Care.** The provisions do not define medication administration but do describe medication assistance as described above. Facilities may not permit use of Schedule I drugs<sup>1</sup> or the use of intramuscular, subcutaneous, IV, or injectable medications, except for insulin and vitamin B-12. Injections must be self-administered or administered by a licensed nurse.

## **Food Service and Dietary Provisions**

Facilities must provide at least three daily meals that meet the nutritional, social, emotional, and therapeutic needs of residents and that meet current recommended dietary allowances. All special diets must be planned by a licensed dietician who visits the facility at least once every 30 days.

## **Staffing Requirements**

**Type of Staff.** A full-time *operator* is responsible for facility management, and when the operator is not at the facility, a designated employee must be responsible for management. *Direct care staff* provide personal care assistance and a *licensed nurse* must be on the premises 8 hours a day to administer medications.

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<sup>1</sup> Drugs with a high potential for abuse, with no currently accepted medical treatment use in the United States, and/or a lack of accepted safety for use of the drug under medical supervision.

**Staff Ratios.** From 7:00 a.m. to 7:00 p.m., at least one employee per 15 or fewer residents must be present, and from 7:00 p.m. to 7:00 a.m., at least one employee per 25 residents. A licensed nurse.

## Training Requirements

On a quarterly basis, direct care staff must receive appropriate training on topics related to the care of the population being served. New operators must spend 2 concurrent days with the licensing agency for training and mentoring. *A description of the training is not provided.*

## Provisions for Apartments and Private Units

Private units are not required. As many as four residents can share a bedroom. Separate toilet and bathing facilities are required on each floor for each sex: one bathtub or shower must be provide for every 12 residents or fraction thereof for each sex, and one sink and toilet for every six residents or fraction thereof.

## Provisions for Serving Persons with Dementia

**Dementia Care Staff.** Facilities must provide 3 hours of nursing care per resident per 24 hours and a *registered nurse or licensed practical nurse* must be present on all shifts. Two staff members must be available at all times. The services of licensed nursing staff and nurse aides are included in the count of nursing care.

If the Alzheimer's/dementia care unit is not freestanding, licensed nursing staff may be shared with the rest of the facility. A licensed social worker, licensed professional counselor, or licensed marriage and family therapist must provide social services to residents and support to family members. The *social service consultant* must work a minimum of 8 hours per month on site.

**Dementia Staff Training.** Dementia care units must provide a staff orientation covering the facility's philosophy, policies, and procedures regarding care and therapy; a description of the disease; treatment modalities; admission, discharge, and transfer criteria; basic services provided; policies regarding restraints, wandering, and egress control; medication management; nutrition management techniques; family activities; and common behavior problems and recommended behavior management techniques.

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

***Dementia Facility Requirements.*** Physical design standards for Alzheimer's/dementia units include security controls on all entrances and exits, and a secure, exterior exercise pathway. Resident rooms may be individually identified to assist with recognition.

## **Background Checks**

The administrator and all direct care staff must document that they are not listed on the Nurses' Aide Abuse Registry. A criminal background check, including fingerprinting, must be completed for all new employees who provide direct patient care or services. The regulations list several crimes and offenses that preclude employment.

## **Inspection and Monitoring**

New facilities are inspected prior to licensure and at intervals specified by the Mississippi Department of Health.

## **Public Financing**

Services in personal care homes-assisted living are covered under a Medicaid 1915(c) Assisted Living Waiver program that serves individuals age 65 and older, and those age 21-64 with physical or other disabilities, including acquired brain injury. Services in dementia care units are not covered.

### ***Room and Board Policy***

As of 2015, Medicaid policy does not address room and board and the state does not provide a supplement to help pay for room and board.

## **Location of Licensing, Certification, or Other Requirements**

Mississippi State Department of Health, Health Facilities Licensure and Certification: Minimum Standards for Adult Foster Care Facilities. [October 2012]  
[http://www.msdh.state.ms.us/msdhsite/\\_static/resources/2347.pdf](http://www.msdh.state.ms.us/msdhsite/_static/resources/2347.pdf)

Mississippi State Department of Health, Health Facilities Licensure and Certification: Minimum Standards for Alzheimer's Unit [October 2012], Personal Care Homes-Assisted Living [August 15, 2014], and Personal Care Homes-Residential Living. [August 15, 2014]  
[http://msdh.ms.gov/msdhsite/\\_static/30,0,83,60.html](http://msdh.ms.gov/msdhsite/_static/30,0,83,60.html)

## Information Sources

Wanda Kennedy  
Mississippi Health Care Association

James Horton  
Division Director I  
Long-Term Care  
Office of the Governor  
Division of Medicaid

# COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

## Files Available for This Report

### FULL REPORT

Executive Summary	<a href="http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary">http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary</a>
HTML	<a href="http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition">http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition</a>
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### SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

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Vermont	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile</a>
Virginia	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile</a>

Washington	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile</a>
West Virginia	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile</a>
Wisconsin	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile</a>
Wyoming	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile</a>