

Title 15: Mississippi State Department of Health

Part 3: Bureau of Acute Care Systems

Subpart 4: COVID-19 Hospital Expanded Capacity Program

Chapter 1 COVID-19 Hospital Expanded Capacity Program Regulations

Subchapter 1 General

Legal Authority: In Section 1 of Senate Bill 2820, 2022 Regular Legislative Session (the “COVID-19 Hospital Expanded Capacity Program”), the Mississippi Legislature designated the Mississippi State Department of Health (“MSDH”) to establish and administer the Program for the purpose of providing funds to hospitals that increased treatment capacity related to the COVID-19 pandemic through grants to hospitals as a reimbursement for expenses incurred during the period beginning on March 3, 2021 through December 31, 2023. Section 1 (2)(a) of Senate Bill 2820, 2022 Regular Legislative Session authorizes MSDH to promulgate rules and regulations to govern the program, thus authorizing MSDH to develop procedures, and forms to govern the administration of the program.

Source: Senate Bill 2820, 2022 Regular Legislative Session

Rule 1.1.1 Definitions

1. “BACS” means the Bureau of Acute Care Systems, Mississippi State Department of Health
2. “Certificate of Need Laws” means the provisions of Mississippi Code Sections, 41-7-171, et.seq., 41-7-193(1), and 47-7-197
3. “Coronavirus or COVID-19” means the Coronavirus Disease 2019
4. “COVID-19 System of Care Plan” means a formally organized plan developed by the Department and approved by the State Board of Health, which outlines the statewide COVID-19 system. The Plan provides for a system, which is efficient and inclusive, matching appropriate resources to the needs of COVID-19 patients from initial infection detection through convalescence
5. “COVID-19 Hospital Expanded Capacity Program” means Senate Bill 2820, 2022 Regular Legislative Session
6. “Department, the Department, or MSDH” means the Mississippi State Department of Health, as established by Miss. Code Ann. §§43-3-1, *et seq.* (Rev. 2006)

7. “Eligible Expenses” means a cost incurred by a Recipient beginning on March 3, 2021, and ending on December 31, 2023, for creation of ICU beds at a maximum amount of \$200,000 per bed and for the creation of negative pressure beds at a maximum amount of \$50,000 per bed; and allowable under the American Rescue plan Act (ARPA) of 2021, Public Law 117-2, which amends Title VI of the Social Security Act; and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury, but not to include any funds expended by the “Mississippi ICU Infrastructure Act, “ Sections 41-14-1 through 41-14-11 or professional fees expended in the creation of the beds
8. “Eligible Recipient” means a licensed hospital in the state of Mississippi currently participating or that will attest to the intent to participate in the COVID-19 System of Care Plan, prior to receipt of funds, and created or will create, prior to December 31, 2023, ICU beds and or negative pressure beds for the care of COVID-19 patients. No other entities will be considered by the Department. Eligible Recipients must have a current license issued by HFCLC and COVID-19 Self-Designation Application on file with BACS
9. “HFCLC” means the Bureau of Health Facilities Licensure and Certification, Mississippi State Department of Health
10. “Intensive Care Unit (ICU)” means an organized system for the provision of care to critically ill patients that provides intensive and specialized medical and nursing care, an enhanced capacity for monitoring, and multiple modalities of physiologic organ support to sustain life during a period of life-threatening organ system insufficiency. Under this program, an ICU must be able to provide ventilatory support of a COVID-19 patient
11. “Negative Pressure Rooms” means patient-care room used to isolate persons with suspected or confirmed COVID-19 disease that should provide negative pressure in the room (so that air flows under the door gap into the room); *and* an air flow rate of 6-12 Air Changes per Hour (ACH) (6 ACH for existing structures, 12 ACH for new construction or renovation); *and* direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation
12. “Program” means the “COVID-19 Hospital Expanded Capacity Program,” which was established by the Senate Bill 2820, 2022 Regular Legislative Session

13. “Program Attestation and Sub-Grant Agreement” means the instruments sent by the Department to Eligible Recipients for certification of program requirements and binds the Eligible Recipient to all terms and conditions of the Program prior to release of funds.
14. “Program ICU Bed Creation Grant Application” means the form that each Eligible Recipient must complete and submit electronically to the Department, along with required supporting documentation for Eligible Expenses related to ICU bed creation, including, but not limited to, invoices, purchase orders, or receipts. Grant Applications must be filed no later than December 31, 2023.
15. “Program Negative Pressure Bed Creation Grant Application” means the form that each Eligible Recipient must complete and submit electronically to the Department, along with required supporting documentation for Eligible Expenses related to negative pressure bed creation, including, but not limited to, invoices, purchase orders, or receipts. Grant Applications must be filed no later than December 31, 2023.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.2 COVID-19 System of Care Plan Participation Requirement

Eligible Recipients participating in this Program will be required to maintain participation in the COVID-19 System of Care Plan for the remainder of the COVID-19 Pandemic federal public health emergency issued by the Secretary of the Federal Department of Health and Human Services.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.3 Hospital Licensing and Life Safety Code Inspection

1. Grant applicants must hold a current Mississippi Hospital License.
2. ICU and/or Negative Pressure beds constructed, renovated, converted or expanded under this program are exempt from Certificate of Needs Laws.
3. All ICU and/or Negative Pressure beds constructed, renovated, converted or expanded under this program must successfully pass a HFLC Life Safety Code inspection.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.4 The Department shall not reimburse hospitals for funds expended by the “Mississippi ICU Infrastructure Act,” Sections 41-14-1 through 41-14-11 or for professional fees expended in the creation of ICU or Negative Pressure beds.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.5 ICU Bed Creation Program – Round One Applicants

Requests for participation in round one of the ICU Bed Creation Program are made through a Program ICU Bed Creation Grant Application and all

1. Eligible Recipients will be required to execute a sub-grant agreement with the Department and certify that the reimbursement for the creation of the intensive care unit beds is for allowable expenditures under the American Rescue Plan Act (ARPA) of 2021, Public Law 117-2, which amends Title VI of the Social Security Act; and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury.
2. First Round Program ICU Bed Creation Grant Applications must be received by the Department electronically on or before 5:00 p.m., on September 30, 2022, for first round consideration.
3. First Round Program ICU Bed Creation Grant Applications are limited to reimbursement for eligible expenses incurred to create ICU beds during the period beginning March 3, 2021, through September 15, 2022.
4. Applicants are limited to applying for a maximum of two hundred thousand dollars (\$200,000) in reimbursement per ICU bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.6 If the reimbursement for allowable expenditures in First Round Program ICU Bed Creation Grants exceeds the amount of funds appropriated to this program, then the Department will allocate the reimbursement to each hospital per ICU bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.7 Negative Pressure Bed Creation Program – Round One Applicants

As funds are available, requests for participation in round one of the Negative Pressure Bed Creation Program are made through a Program Negative Pressure Bed Creation Grant Application and all

1. Eligible Recipients will be required to execute a sub-grant agreement with the Department and certify that the reimbursement for the creation of the negative pressure beds is for allowable expenditures under the American Rescue Plan Act (ARPA) of 2021, Public Law 117-2, which amends Title VI of the Social Security Act; and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury.
2. First Round Program Negative Pressure Bed Creation Grant Applications must be received by the Department electronically on or before 5:00 p.m., on November 15, 2022, for first round consideration.
3. First Round Program Negative Pressure Bed Creation Grant Applications are limited to reimbursement for eligible expenses incurred to create negative pressure beds during the period beginning March 3, 2021, through November 1, 2022.
4. Applicants are limited to applying for a maximum of fifty thousand dollars (\$50,000) in reimbursement per negative pressure bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.8 If the reimbursement for allowable expenditures in First Round Program Negative Pressure Bed Creation Grants exceeds the amount of remaining funds appropriated to this program, then the Department will allocate the reimbursement to each hospital per negative pressure bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.9 As funds are available, a round two for ICU bed creation grant period will be announced in 2023 with the same requirements listed in this Chapter.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.10 As funds are available, a round two for Negative Pressure bed creation grant period will be announced in 2023 with the same requirements listed in this Chapter.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.11 Return of funds

Any funds provided by the Department to a hospital as a beneficiary under Sub-Grant as an Eligible Applicant that are found to be fully or partially noncompliant with the requirements of the guidelines, guidance, rules, regulations and/or other criteria, as may be amended from time to time, by the United States Department of the Treasury regarding the use of monies from the American Rescue Plan Act (ARPA) of 2021, Public Laws 117-2, Mississippi COVID-19 Hospital Expanded Capacity Program, or these rules and regulations shall be returned to the state.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.12 Program Attestation and Sub-Grant Agreement

1. Prior to release of any Program funds all Eligible Recipients will be required to certify, through a Program Attestation and Sub-Grant Agreement, that it understands and agrees to certain required provisions, including but not limited to, the following statements:
2. The Eligible Recipient understands and agrees to follow and comply with the guidelines, guidance, rules, regulations and/or other criteria, as may be amended from time to time, by the United States Department of the Treasury regarding the use of monies from the American Rescue Plan established by the ARP Act;
3. Further, the Eligible Recipient understands and agrees to follow and comply with all provisions of the Program, including but not limited to, the Mississippi COVID-19 Hospital Expanded Capacity Program provided in SB 2820 of the 2022 Regular Session, and the MSDH Hospital Expanded Capacity Program Rules and Regulations;
4. That, if the Eligible Recipient is found to be fully or partially noncompliant with any Program requirements, the Eligible Recipient agrees to return all or a portion any monies received from the Program to the Department, and the Eligible Recipient understands that it, or its legally responsible officials, may be subject to additional civil and criminal penalties;
5. That the Eligible Recipient certifies and acknowledges that by accepting reimbursement for Eligible Expenses under the Program, it may be subject to additional monitoring, oversight, and/or auditing by the U.S. Department of Treasury’s Office of the Inspector General, the Mississippi Office of the State Auditor, the Mississippi State Department of Health, or such other federal or state agencies with authority to conduct such reviews;

6. That the Eligible Recipient certifies that it is adding intensive care units, or negative pressure rooms and can adequately staff such units or rooms;
7. If applicable, that the Eligible Recipient certifies that related medical equipment is for use in intensive care units, isolation rooms or negative pressure rooms that will care for COVID-19 patients and that the facility has adequate staff to operate and maintain the equipment.
8. The Program Attestation and Sub-Grant Agreement must be signed under penalty of perjury certifying that all responses and statements are true and correct and are not false, fraudulent, or materially misleading.
9. All supporting information requested in the Sub-Grant Agreement must be provided. The failure to enter into the Program Attestation and Sub-Grant Agreement and agree to the required certifications and representations will result in the Eligible Recipient being disqualified from the Program.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.13 Reporting Requirements

Upon entering into the Sub-Grant Agreement, Eligible Recipients will be required to submit their Eligible Expenses through the prescribed Program Report form. All Eligible Expenses must be itemized on the form, and the Eligible Recipient must certify that it has not received any other funds from any other source to cover these items. The Program Report forms must be signed under penalty of perjury by the Eligible Recipient or its designated representative with authority to do so. Furthermore, the Eligible Recipient must submit supporting documentation for all Eligible Expenses, including, but not limited to invoices, purchase orders, receipts, bills, charges, or other financial statements. Failure to submit supporting documentation will result in those expenses being denied as ineligible.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.14 Appeals Process

1. An Eligible Recipient may appeal any award or disqualification notice received from MSDH by giving written notice within seven (7) calendar days of the date of the MSDH notice of award decision. The appeal must be received by MSDH at the address below by 5:00 p.m. CST of the 7th day.
2. If an appeal is not made within the seven (7) calendar day timeframe, the Eligible Recipient will have waived its right to appeal the decision and

the original decision shall be deemed final Appeals must be written and state with specificity the basis for the Eligible Recipient's disagreement with the decision. Appeals are determined solely on the written record. The appeal must attach copies of all documents, records, papers or other information to support the appeal. In addition, all appeals must be dated and contain the Eligible Recipient's name and the name of any authorized representative.

3. To be considered, the written appeal must be delivered by one of two methods: By United States Mail to the following address:

Mississippi State Department of Health
Hospital Expanded Capacity Program –
Appeals
Room O-434
P.O. Box 1700
Jackson, MS 39215-1700

Or by courier mail or hand delivery to the following:

Mississippi State Department of Health
Hospital Expanded Capacity Program – Appeals
Room O-434
570 East Woodrow Wilson Avenue
Jackson, MS 39216

4. MSDH will review the appeal and all supporting material to determine if the appeal can be resolved based upon the Eligible Recipient's submission and Program requirements. If so, a final written determination of the appeal will be issued by MSDH.
5. If the appeal cannot be resolved after the initial review, MSDH will forward the appeal for review by an Independent Hearing Officer ("IHO"), to be designated by the Attorney General of Mississippi. MSDH will provide to the IHO the Eligible Recipient's file, the appeal and all supporting material provided by the Eligible Recipient on appeal, all program requirements and policies, an MSDH explanation of the case, and MSDH's recommendation (if any). The IHO will review all the written materials and issue a written recommendation to MSDH. MSDH will review and make a final written determination which will be issued by MSDH to the Eligible Recipient within ten (10) days of the receipt of the IHO's decision.
6. All appeal determinations made by MSDH are final with no further administrative review and are not subject to judicial review.

7. An Eligible Recipients may withdraw an appeal at any time by providing written notice to MSDH. Such written notice must be delivered to MSDH at the addresses set forth above.
8. Program requirements established by MSDH as dictated by federal and state law may not be waived or abrogated.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.15 Fraud Referrals

In cases in which fraud is suspected or where false or materially misleading information or documentation has been provided by an Eligible Recipient, a written referral will be made to the Mississippi State Auditor’s Office, the Office of the United States Attorney, or other appropriate federal or state agencies. MSDH will cooperate fully in such investigations and provide all information and documentation which it has received or gathered on the Eligible Recipient.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.16 Waiver

The Hospital Expanded Capacity Program Rules may be amended by MSDH at any time and are further subject to amendment pursuant to any change in the federal law providing for the grant funds and the regulations and guidance implemented related thereto. MSDH, in its sole discretion, may temporarily waive any requirement of the Rules to the extent that the result of such waiver promotes the public purpose of the Hospital Expanded Capacity Program created through S.B. 2820 of the 2022 Regular Legislative Session and is not prohibited by state or federal law.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.17 Availability of Funds

This program is contingent upon the availability of funds as appropriated by the Legislature and provided by the Federal government.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Title 15: Mississippi State Department of Health

Part 3: Bureau of Acute Care Systems

Subpart 4: COVID-19 Hospital Expanded Capacity Program

Chapter 1 COVID-19 Hospital Expanded Capacity Program Regulations

Subchapter 1 General

Legal Authority: In Section 1 of Senate Bill 2820, 2022 Regular Legislative Session (the “COVID-19 Hospital Expanded Capacity Program”), the Mississippi Legislature designated the Mississippi State Department of Health (“MSDH”) to establish and administer the Program for the purpose of providing funds to hospitals that increased treatment capacity related to the COVID-19 pandemic through grants to hospitals as a reimbursement for expenses incurred during the period beginning on March 3, 2021 through December 31, 2023. Section 1 (2)(a) of Senate Bill 2820, 2022 Regular Legislative Session authorizes MSDH to promulgate rules and regulations to govern the program, thus authorizing MSDH to develop procedures, and forms to govern the administration of the program.

Source: Senate Bill 2820, 2022 Regular Legislative Session

Rule 1.1.1 Definitions

1. “BACS” means the Bureau of Acute Care Systems, Mississippi State Department of Health
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3. “Coronavirus or COVID-19” means the Coronavirus Disease 2019
4. “COVID-19 System of Care Plan” means a formally organized plan developed by the Department and approved by the State Board of Health, which outlines the statewide COVID-19 system. The Plan provides for a system, which is efficient and inclusive, matching appropriate resources to the needs of COVID-19 patients from initial infection detection through convalescence
5. “COVID-19 Hospital Expanded Capacity Program” means Senate Bill 2820, 2022 Regular Legislative Session
6. “Department, the Department, or MSDH” means the Mississippi State Department of Health, as established by Miss. Code Ann. §§43-3-1, et seq. (Rev. 2006)
7. “Eligible Expenses” means a cost incurred by a Recipient beginning on March 3, 2021, and ending on December 31, 2023, for creation of ICU beds at a maximum amount of \$200,000 per bed and for the creation of negative pressure beds at a maximum amount of \$50,000 per bed; and allowable under the American Rescue plan Act (ARPA) of 2021, Public

Law 117-2, which amends Title VI of the Social Security Act; and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury, but not to include any funds expended by the “Mississippi ICU Infrastructure Act, “ Sections 41-14-1 through 41-14-11 or professional fees expended in the creation of the beds

8. “Eligible Recipient” means a licensed hospital in the state of Mississippi currently participating or that will attest to the intent to participate in the COVID-19 System of Care Plan, prior to receipt of funds, and created or will create, prior to December 31, 2023, ICU beds and or negative pressure beds for the care of COVID-19 patients. No other entities will be considered by the Department. Eligible Recipients must have a current license issued by HFCL and COVID-19 Self-Designation Application on file with BACS
9. “HFCL” means the Bureau of Health Facilities Licensure and Certification, Mississippi State Department of Health
10. “Intensive Care Unit (ICU)” means an organized system for the provision of care to critically ill patients that provides intensive and specialized medical and nursing care, an enhanced capacity for monitoring, and multiple modalities of physiologic organ support to sustain life during a period of life-threatening organ system insufficiency. Under this program, an ICU must be able to provide ventilatory support of a COVID-19 patient
11. “Negative Pressure Rooms” means patient-care room used to isolate persons with suspected or confirmed COVID-19 disease that should provide negative pressure in the room (so that air flows under the door gap into the room); and an air flow rate of 6-12 Air Changes per Hour (ACH) (6 ACH for existing structures, 12 ACH for new construction or renovation); and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation
12. “Program” means the “COVID-19 Hospital Expanded Capacity Program,” which was established by the Senate Bill 2820, 2022 Regular Legislative Session
13. “Program Attestation and Sub-Grant Agreement” means the instruments sent by the Department to Eligible Recipients for certification of program requirements and binds the Eligible Recipient to all terms and conditions of the Program prior to release of funds.

14. “Program ICU Bed Creation Grant Application” means the form that each Eligible Recipient must complete and submit electronically to the Department, along with required supporting documentation for Eligible Expenses related to ICU bed creation, including, but not limited to, invoices, purchase orders, or receipts. Grant Applications must be filed no later than December 31, 2023.
15. “Program Negative Pressure Bed Creation Grant Application” means the form that each Eligible Recipient must complete and submit electronically to the Department, along with required supporting documentation for Eligible Expenses related to negative pressure bed creation, including, but not limited to, invoices, purchase orders, or receipts. Grant Applications must be filed no later than December 31, 2023.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.2 COVID-19 System of Care Plan Participation Requirement

Eligible Recipients participating in this Program will be required to maintain participation in the COVID-19 System of Care Plan for the remainder of the COVID-19 Pandemic federal public health emergency issued by the Secretary of the Federal Department of Health and Human Services.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.3 Hospital Licensing and Life Safety Code Inspection

4. Grant applicants must hold a current Mississippi Hospital License.
5. ICU and/or Negative Pressure beds constructed, renovated, converted or expanded under this program are exempt from Certificate of Needs Laws.
6. All ICU and/or Negative Pressure beds constructed, renovated, converted or expanded under this program must successfully pass a HFLC Life Safety Code inspection.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.4 The Department shall not reimburse hospitals for funds expended by the “Mississippi ICU Infrastructure Act,” Sections 41-14-1 through 41-14-11 or for professional fees expended in the creation of ICU or Negative Pressure beds.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.5 ICU Bed Creation Program – Round One Applicants

Requests for participation in round one of the ICU Bed Creation Program are made through a Program ICU Bed Creation Grant Application and all

5. Eligible Recipients will be required to execute a sub-grant agreement with the Department and certify that the reimbursement for the creation of the intensive care unit beds is for allowable expenditures under the American Rescue Plan Act (ARPA) of 2021, Public Law 117-2, which amends Title VI of the Social Security Act; and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury.
6. First Round Program ICU Bed Creation Grant Applications must be received by the Department electronically on or before 5:00 p.m., on September 30, 2022, for first round consideration.
7. First Round Program ICU Bed Creation Grant Applications are limited to reimbursement for eligible expenses incurred to create ICU beds during the period beginning March 3, 2021, through September 15, 2022.
8. Applicants are limited to applying for a maximum of two hundred thousand dollars (\$200,000) in reimbursement per ICU bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.6 If the reimbursement for allowable expenditures in First Round Program ICU Bed Creation Grants exceeds the amount of funds appropriated to this program, then the Department will allocate the reimbursement to each hospital per ICU bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.7 Negative Pressure Bed Creation Program – Round One Applicants

As funds are available, requests for participation in round one of the Negative Pressure Bed Creation Program are made through a Program Negative Pressure Bed Creation Grant Application and all

1. Eligible Recipients will be required to execute a sub-grant agreement with the Department and certify that the reimbursement for the creation of the negative pressure beds is for allowable expenditures under the American Rescue Plan Act (ARPA) of 2021, Public Law 117-2, which amends Title

VI of the Social Security Act; and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury.

2. First Round Program Negative Pressure Bed Creation Grant Applications must be received by the Department electronically on or before 5:00 p.m., on November 15, 2022, for first round consideration.
3. First Round Program Negative Pressure Bed Creation Grant Applications are limited to reimbursement for eligible expenses incurred to create negative pressure beds during the period beginning March 3, 2021, through November 1, 2022.
4. Applicants are limited to applying for a maximum of ~~two hundred fifty~~ thousand dollars (\$50,000) in reimbursement per negative pressure bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.8 If the reimbursement for allowable expenditures in First Round Program Negative Pressure Bed Creation Grants exceeds the amount of remaining funds appropriated to this program, then the Department will allocate the reimbursement to each hospital per negative pressure bed created.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.9 As funds are available, a round two for ICU bed creation grant period will be announced in 2023 with the same requirements listed in this Chapter.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.10 As funds are available, a round two for Negative Pressure bed creation grant period will be announced in 2023 with the same requirements listed in this Chapter.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.11 Return of funds

Any funds provided by the Department to a hospital as a beneficiary under Sub-Grant as an Eligible Applicant that are found to be fully or partially noncompliant with the requirements of the guidelines, guidance, rules, regulations and/or other criteria, as may be amended from time to time, by the United States Department of the Treasury regarding the use of monies from the

American Rescue Plan Act (ARPA) of 2021, Public Laws 117-2, Mississippi COVID-19 Hospital Expanded Capacity Program, or these rules and regulations shall be returned to the state.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.12 Program Attestation and Sub-Grant Agreement

1. Prior to release of any Program funds all Eligible Recipients will be required to certify, through a Program Attestation and Sub-Grant Agreement, that it understands and agrees to certain required provisions, including but not limited to, the following statements:
2. The Eligible Recipient understands and agrees to follow and comply with the guidelines, guidance, rules, regulations and/or other criteria, as may be amended from time to time, by the United States Department of the Treasury regarding the use of monies from the American Rescue Plan established by the ARP Act;
3. Further, the Eligible Recipient understands and agrees to follow and comply with all provisions of the Program, including but not limited to, the Mississippi COVID-19 Hospital Expanded Capacity Program provided in SB 2820 of the 2022 Regular Session, and the MSDH Hospital Expanded Capacity Program Rules and Regulations;
4. That, if the Eligible Recipient is found to be fully or partially noncompliant with any Program requirements, the Eligible Recipient agrees to return all or a portion any monies received from the Program to the Department, and the Eligible Recipient understands that it, or its legally responsible officials, may be subject to additional civil and criminal penalties;
5. That the Eligible Recipient certifies and acknowledges that by accepting reimbursement for Eligible Expenses under the Program, it may be subject to additional monitoring, oversight, and/or auditing by the U.S. Department of Treasury's Office of the Inspector General, the Mississippi Office of the State Auditor, the Mississippi State Department of Health, or such other federal or state agencies with authority to conduct such reviews;
6. That the Eligible Recipient certifies that it is adding intensive care units, or negative pressure rooms and can adequately staff such units or rooms;
7. If applicable, that the Eligible Recipient certifies that related medical equipment is for use in intensive care units, isolation rooms or negative

pressure rooms that will care for COVID-19 patients and that the facility has adequate staff to operate and maintain the equipment.

8. The Program Attestation and Sub-Grant Agreement must be signed under penalty of perjury certifying that all responses and statements are true and correct and are not false, fraudulent, or materially misleading.
9. All supporting information requested in the Sub-Grant Agreement must be provided. The failure to enter into the Program Attestation and Sub-Grant Agreement and agree to the required certifications and representations will result in the Eligible Recipient being disqualified from the Program.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.13 Reporting Requirements

Upon entering into the Sub-Grant Agreement, Eligible Recipients will be required to submit their Eligible Expenses through the prescribed Program Report form. All Eligible Expenses must be itemized on the form, and the Eligible Recipient must certify that it has not received any other funds from any other source to cover these items. The Program Report forms must be signed under penalty of perjury by the Eligible Recipient or its designated representative with authority to do so. Furthermore, the Eligible Recipient must submit supporting documentation for all Eligible Expenses, including, but not limited to invoices, purchase orders, receipts, bills, charges, or other financial statements. Failure to submit supporting documentation will result in those expenses being denied as ineligible.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.14 Appeals Process

1. An Eligible Recipient may appeal any award or disqualification notice received from MSDH by giving written notice within seven (7) calendar days of the date of the MSDH notice of award decision. The appeal must be received by MSDH at the address below by 5:00 p.m. CST of the 7th day.
2. If an appeal is not made within the seven (7) calendar day timeframe, the Eligible Recipient will have waived its right to appeal the decision and the original decision shall be deemed final Appeals must be written and state with specificity the basis for the Eligible Recipient's disagreement with the decision. Appeals are determined solely on the written record. The appeal must attach copies of all documents, records, papers or other information to support the appeal. In addition, all appeals must be dated

and contain the Eligible Recipient's name and the name of any authorized representative.

3. To be considered, the written appeal must be delivered by one of two methods: By United States Mail to the following address:

Mississippi State Department of Health
Hospital Expanded Capacity Program –
Appeals
Room O-434
P.O. Box 1700
Jackson, MS 39215-1700

Or by courier mail or hand delivery to the following:

Mississippi State Department of Health
Hospital Expanded Capacity Program – Appeals
Room O-434
570 East Woodrow Wilson Avenue
Jackson, MS 39216

4. MSDH will review the appeal and all supporting material to determine if the appeal can be resolved based upon the Eligible Recipient's submission and Program requirements. If so, a final written determination of the appeal will be issued by MSDH.
5. If the appeal cannot be resolved after the initial review, MSDH will forward the appeal for review by an Independent Hearing Officer ("IHO"), to be designated by the Attorney General of Mississippi. MSDH will provide to the IHO the Eligible Recipient's file, the appeal and all supporting material provided by the Eligible Recipient on appeal, all program requirements and policies, an MSDH explanation of the case, and MSDH's recommendation (if any). The IHO will review all the written materials and issue a written recommendation to MSDH. MSDH will review and make a final written determination which will be issued by MSDH to the Eligible Recipient within ten (10) days of the receipt of the IHO's decision.
6. All appeal determinations made by MSDH are final with no further administrative review and are not subject to judicial review.
7. An Eligible Recipients may withdraw an appeal at any time by providing written notice to MSDH. Such written notice must be delivered to MSDH at the addresses set forth above.
8. Program requirements established by MSDH as dictated by federal and state law may not be waived or abrogated.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.15 Fraud Referrals

In cases in which fraud is suspected or where false or materially misleading information or documentation has been provided by an Eligible Recipient, a written referral will be made to the Mississippi State Auditor's Office, the Office of the United States Attorney, or other appropriate federal or state agencies. MSDH will cooperate fully in such investigations and provide all information and documentation which it has received or gathered on the Eligible Recipient.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.16 Waiver

The Hospital Expanded Capacity Program Rules may be amended by MSDH at any time and are further subject to amendment pursuant to any change in the federal law providing for the grant funds and the regulations and guidance implemented related thereto. MSDH, in its sole discretion, may temporarily waive any requirement of the Rules to the extent that the result of such waiver promotes the public purpose of the Hospital Expanded Capacity Program created through S.B. 2820 of the 2022 Regular Legislative Session and is not prohibited by state or federal law.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session

Rule 1.1.17 Availability of Funds

This program is contingent upon the availability of funds as appropriated by the Legislature and provided by the Federal government.

Source: Senate Bill 2820 Section 1 (2)(a), 2022 Regular Legislative Session