

WORDS TO THE WISE



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CMS REVISES NURSING HOME REGULATIONS

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If you have clients who need assistance with finding the right place for their ill family member to live and determining how to pay for it,
we can assist them with becoming eligible for Medicaid.

If you have clients who are unable to care for themselves and make their own decisions,
we can assist their loved ones with becoming their guardian.

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On September 28, 2016, The Centers for Medicare & Medicaid Services (CMS) released revised nursing home regulations. These revised regulations will apply to any nursing home that accepts Medicare and/or Medicaid. An assessment of the resident must now be performed within 14 days of admission, annually, and upon a significant change in condition. The assessments must include the “resident’s ‘needs, strengths, goals, life history, preferences.’” Also, nursing homes are now required to create and execute a “baseline care plan” within 48 hours of admission. The baseline care plan must list goals, physician orders, dietary orders, therapy services and social services. The nursing home is required to give a summary of the plan to the resident and any of their representatives. Nursing homes must now create and execute a “comprehensive, person-centered care plan” for the resident within seven days of the initial assessment. The care plan must be prepared by a group of people, which includes, the attending physician, registered nurse, a nurse aide and member of the food and nutrition staff. The resident and their representative are to participate in the care planning, unless it is impossible, in which case the nursing home must give the resident a written explanation. Finally, the revised rules for discharge planning now emphasize moving from the nursing home back to the community setting, if possible. The resident must be asked whether he or she wants to receive information about moving back into the community. If the resident is interested, the nursing home should refer him or her to an agency that might provide assistance. If discharging back to the community is not feasible, the nursing home must list the reasons why and the person who made that determination.

The effective date of the revised assessment provisions is November 28, 2016. Most care planning and discharge planning revised provisions will be effective November 28, 2016, as well. Provisions relating to base line care plans will be effective November 28, 2017.

Source: Justice in Aging
<http://www.justiceinaging.org/wp-content/uploads/2016/12/A-Guide-to-the-Revised-Nursing-Facility-Regulations.pdf>