

# LONG TERM CARE COMMUNITY COALITION

*Advancing Quality, Dignity & Justice*

## CONSUMER FACT SHEET: REQUIREMENTS FOR NURSING HOME PHYSICIAN, REHAB & DENTAL SERVICES

Following are several of the nursing home standards that we have identified as important. The descriptions are taken directly from the federal regulations and guidelines (as indicated by text in italics). The excerpts are formatted into bulleted lists to make it easier to identify the points that we believe are most relevant to resident-centered advocacy. For more detailed information, see the webinar program & other resources on our website, [www.nursinghome411.org](http://www.nursinghome411.org). [Note: The brackets below provide, for reference, the citation to the federal requirement (42 CFR 483.xx) and the F-tag number used when a facility is cited for failing to meet the requirement.]

### I. Requirements for Physician Services [42 CFR 483.30(a) F-710]

- *The facility must ensure that the medical care of each resident is supervised by a physician.*
- *Supervising the medical care of residents means participating in the resident's assessment and care planning, monitoring changes in resident's medical status, and providing consultation or treatment when contacted by the facility. It also includes, but is not limited to, prescribing medications and therapy, ordering a resident's transfer to the hospital, conducting required routine visits or delegating to and supervising follow-up visits by... non-physician practitioners.*

### II. Choice of Attending Physician [42 CFR 483.10(d) F-555]

- *The resident has the right to choose his or her attending physician.*
- *If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation... to assure provision of appropriate and adequate care and treatment.*
- *The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.*
- *The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.*

### III. Frequency of Physician Visits [42 CFR 483.30(c) F-712]

- *The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.*
- *At the option of the physician, required visits..., after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist....*
- **"Must be seen"** –...means that the physician or NPP must make actual face-to-face contact with the resident, and at the same physical location, not via a telehealth arrangement.

#### IV. Specialized Rehabilitative Services [42 CFR 483.65 F825]

- *If specialized rehabilitative services... are required in the resident's comprehensive plan of care, the facility must—*
  - (1) Provide the required services; or (2) ...obtain the required services from an outside resource that is a provider of specialized rehabilitative services....*
- The intent of this regulation is **to ensure that every resident receives specialized rehabilitative services** as determined by their comprehensive *plan of care to assist them to attain, maintain or restore their highest practicable level of physical, mental, functional and psycho-social well-being.*
- “Specialized Rehabilitative Services” *includes but is not limited to physical therapy, speech-language pathology, occupational therapy, or respiratory therapy and are provided or arranged for by the nursing home.*

*They are “specialized” in that they are provided based on each resident’s individual assessed rehabilitative needs based on their comprehensive plan of care and can only be performed by or under the supervision of qualified personnel.*

*These services must be provided by the facility or an outside resource and delivered by qualified personnel....*

#### V. Dental Services [42 CFR 483.55 [F790 & F791]

- The facility must assist residents in obtaining routine and 24-hour emergency dental care.
- The intent of this regulation is to ensure that residents obtain needed dental services, including routine dental services; *to ensure the facility provides the assistance needed or requested to obtain these services; to ensure the resident is not inappropriately charged for these services; and if a referral does not occur within three business days, documentation of the facility’s to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.*
- **Federal Guidelines.**
  - **A dentist must be available for each resident.**
  - **For Medicare and private pay residents,** *facilities are responsible for having the services available, but may bill an additional charge for the services.*
  - **For Medicaid residents,** *the facility must provide all emergency dental services and those routine dental services to the extent covered under the Medicaid state plan.*
  - **If any resident is unable to pay for dental services,** *the facility should attempt to find alternative funding sources or delivery systems so that the resident may receive the services needed to meet their dental needs and maintain his/her highest practicable level of well-being. This can include finding other providers of dental services, such as a dental school or the provision of dental hygiene services on site at a facility.*

#### RESOURCES

[WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG). LTCCC’s website includes materials on the relevant standards for nursing home care and a variety of resources on specific issues, such as dementia care, resident assessment and care planning, dignity and quality of life.