

FYI – Updates -- June 2006



CMS – Survey and Certification Letters – information from CMS provided to the states via the S&C letters may be downloaded from <http://www.cms.hhs.gov/SurveyCertificationGenInfo/>. Click on *Policies and Memos to States and Regions* that is located on the left side bar; scroll down to the bottom of the next page to find the most current memos.

Medicare Part D – Possible Survey Deficiencies – in the S&C letter of 5/11/06, CMS provided clarification of Residents’ right to choose their drug plan and pharmacy, nursing homes’ regulatory compliance responsibilities, and surveyors’ responsibilities. This memo also provided surveyors with a list of nursing home regulations that appear pertinent to the implementation of the Medicare Drug Benefit (Part D). **This memo clearly states “Residents are guaranteed the right to choose a Part D plan, but do not have unbridled freedom to choose a pharmacy”**; and we expect nursing homes to work with their current pharmacies to assure that they recognize the Part D plans chosen by that facility's Medicare beneficiaries, or, in the alternative, to add additional pharmacies to achieve that objective. The list of potential deficiencies is not exhaustive, but includes

- (F425) “The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part.”
- (F426) “A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.”
- (F427) “The facility must employ or obtain the services of a licensed pharmacist who - Provides consultation on all aspects of the provision of pharmacy services in the facility;”
- (F490) “A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”
- (F492) “Compliance with Federal, State, and local laws and professional standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.”
- (F501) “The facility must designate a physician to serve as medical director. (2) The medical director is responsible for – (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility.”
- (F250) “The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”
- (F151) “The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.”
- (F156) “The facility must inform each resident before, or at the time of admission and periodically during the resident’s stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility’s per diem rate.”
- (F156) “The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.”
- (F162) “The facility may not impose a charge against the personal funds of a resident for any item or services for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts).”
- (F172) “The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident’s right to deny or withdraw consent at any time.”
- (F208) “The facility must--(i) Not require residents or potential residents to waive their rights to Medicare or Medicaid.”

