

Medicare Learning Network® (MLN) Event Transcript Clarification



Event Title: [Nursing Home Facility Assessment Tool and State Operations Manual Revisions Call](#)

Event Date: September 7, 2017

Clarifications

1. Transcript page 15, paragraph 8, sentence 3

Currently reads: “For dietitians who are hired after November 2016, they will have 1 year to repeat those – complete those requirements.”

Correction

Should read: “Dietitians hired after November 28, 2016, will have 1 year to meet those requirements.”

2. Transcript last paragraph on page 15 through top of page 16

Currently reads: “If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the Director of Food and Nutrition Services, and this person **would be** a certified Dietary Manager or a Food Service Manager that is **certified, has** similar national certifications for food service management and safety from a national certifying body, **and has** an associate’s or higher degree in Food Service Management or in Hospitality if the core study includes food service or restaurant management from an accredited institution of higher learning.

Correction

Should read: “If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the Director of Food and Nutrition Services, and this person would have to be a certified Dietary Manager or a Food Service Manager that is certified, or has similar national certifications for food service management and safety from a national certifying body, and/or has an associate’s or higher degree in Food Service Management or in Hospitality if the core study includes food service or restaurant management from an accredited institution of higher learning.”

3. Transcript page 22, paragraph 7

Currently reads, “Okay. So your Dietary Manager has up to 5 years, which would be November 28, 2021, to meet those requirements.”

Correction

Requirements for Dietary Manager – Dietary Managers must be certified as a dietary manager, such as by the Association of Nutrition and Foodservice Professionals (ANFP) and in states that have established standards for food service managers, meets State requirements for food service managers or dietary managers, and must receive frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.

4. Transcript page 23, paragraph 2

Currently reads, “So I would think that, you know, what appears to be reasonable is that it is signed on Monday. But, again, the regulations specify that it's developed within 48 hours of their admission.”

Correction

There are no requirements for residents to sign the Baseline Care Plan. If a facility wants to have the resident sign the Baseline Care Plan, it would be acceptable to do this beyond 48 hours of admission, as long as there is evidence that the Baseline Care Plan was in place and implemented within 48 hours of admission.

5. Transcript page 24, paragraph 13

Currently reads, “If the facility does not have that, you know, that information available, I think that the “if applicable” would apply. But as soon as you were to receive that information, it certainly needs to be a part of the Baseline Care Plan.”

Correction

The Baseline Care Plan regulations at 483.21 (a)(1)(ii)(F) require PASARR recommendations to be included in the Baseline Care Plan, if available. However, it is important to understand that the PASARR regulations at 483.20(k)(1) and (2) require that the PASARR be conducted with results transmitted to the receiving facility prior to admission unless an exception at 483.20(k)(2) applies.

6. Transcript page 26, paragraph 10

Currently reads, “Well, now, if they're going for testing, something like that, that – we would not expect notification to the ombudsman for that situation.”

Correction

For planned visits outside of the nursing home which could include planned outpatient surgery, dialysis, or other scheduled doctor's office visits or testing, notice to the resident, resident representative, and ombudsman is not required since these planned visits are not intended to be addressed by the requirements at F622 or F623. Keep in mind that sending a resident for testing that is unplanned and part of a visit to an ER would still be considered a facility-initiated transfer or discharge and subject to the notice requirements.

7. Transcript page 27, paragraph 2

Currently reads, “Correct. All of our interpretative guidance has been reviewed by our Office of General Counsel and we basically – you have to provide the resident or the representative with a summary of the Baseline Care Plan. And verbal would not, you know, would not meet the intent of the requirement. You know what I mean? So we just determined through our, you know, internal discussions with our OGC and with stakeholders and so on, that it must be written.”

Correction

Per the preamble found in the [Final Rule](#) for the Reform of the Requirements for Long-Term Care, the intent of requiring a summary is to actively engage the resident, to the extent practicable and consistent with the resident's choices, in their care planning process. Additionally, per 483.10(g)(3), Resident Right to Access Personal and Medical Records, facilities must provide information in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. This regulation also supports that the summary must be written.